

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90054 013 ***150.00

DOCUMENT # P00000049000

1. Entity Name

All About Shoes, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

411 Greene St.

Suite, Apt. #, etc.

3. Mailing Address

411 Greene St.

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

City & State

Key West, FL

Zip

33040

Country

USA

4. FEI Number

65-1012646

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Michael McClain

Street Address (P.O. Box Number is Not Acceptable)

3314 Northside Drive #131

City

Key West

FL

Zip Code

33040

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Michael McClain Michael McClain

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-02

DATE

FILE NOW!
FEES \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	Thomas Didato	
STREET ADDRESS	411 Greene St.	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	Michael McClain	
STREET ADDRESS	3314 Northside Dr. #131	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael McClain Michael McClain 4-25-02 305-296-8269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)