

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90072 005 ***150.00

DOCUMENT # P01000043614

1. Entity Name

WALK FOR LESS SHOE WARE HOUSE INC

Principal Place of Business

**5822 DORY WAY
TAMPA FL 33615**

Mailing Address

**5822 DORY WAY
TAMPA FL 33615**

2. Principal Place of Business

10211 Westport CT

Suite, Apt. #, etc.

Tampa, FL 33615

City & State

Zip

Country

3. Mailing Address

10211 Westport CT

Suite, Apt. #, etc.

Tampa, FL

City & State

Zip

33615

Country

4. FEI Number

59-3716821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GARAY, LUIS

5822 DORY WAY

TAMPA FL 33615

7. Name and Address of New Registered Agent

Name **Garay Luis**

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

10211 Westport CT

City **Tampa,**

FL

Zip Code

33615

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

Luis B Garay

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **GARAY, ADA**
STREET ADDRESS **5822 DORY WAY**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D** ☒ Delete
NAME **GARAY, LUIS**
STREET ADDRESS **5822 DORY WAY**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Luis Garay**
STREET ADDRESS **10211 Westport CT**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE **D** ☒ Change ☐ Addition
NAME **Ada Garay**
STREET ADDRESS **10211 Westport CT**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (813) 890-9571

Date

Daytime Phone #

CR2E034 (9/01)