

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90286 031 ***150.00

DOCUMENT # P01000043614

1. Entity Name
WALK FOR LESS SHOE WARE HOUSE INC



Principal Place of Business
**10211 WESTPORT CT
TAMPA FL 33615**

Mailing Address
**10211 WESTPORT CT
TAMPA FL 33615**

2. Principal Place of Business

10208 W. Hillsborough Ave

3. Mailing Address

P.O. Box 152205

Suite, Apt. #, etc.

apt 208

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa FL

Zip

33615

Country

Zip

33684-2205

Country

4. FEI Number

59-3716821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GARAY, LUIS

10211 WESTPORT CT

TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

Garay, Luis

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

10802 W. Hillsborough Ave

apt # 208

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Ada J. Garay

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARAY, ADA	
STREET ADDRESS	10211 WESTPORT CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARAY, LUIS	
STREET ADDRESS	10211 WESTPORT CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garay Ada	
STREET ADDRESS	10802 W. Hillsborough Ave apt 208	
CITY-ST-ZIP	Tampa FL 33615	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garay Luis	
STREET ADDRESS	10802 W. Hillsborough Ave apt 208	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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:

Ada J. Garay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

(813) 890-9577

Daytime Phone #

CR2E034 (10/02)