2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-07-2003 90079 024 ***150.00

DOCUMENT # P02000000659

1. Entity Name
ITALY SHOE LAB, INC.

Principal Place of Business
620 FLAMINGO DR.
APOLLO BEACH FL 33572

Mailing Address
620 FLAMINGO DR.
APOLLO BEACH FL 33572

620 Flamingo Dr

2. Principal Place of Business
16621 Hwy 301S - 2000 07

3. Mailing Address

Suite, Apt. #, etc.
#107

Suite, Apt. #, etc.

City & State
Wimauma FL

City & State
Apollo Beach FL

Zip 33598 | Country Hillsborough

Zip 33572 | Country Hillsborough

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0566693 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIZIO, ARMANDO F
25400 U.S. 19 NORTH, STE. 210
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name

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

City | FL | Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PTD ☐ Delete
NAME	CORNIELLO, CAROL M
STREET ADDRESS	620 FLAMINGO DR.
CITY-ST-ZIP	APOLLO BEACH FL 33572
TITLE	VSD ☐ Delete
NAME	CORNIELLO, JEFFREY J
STREET ADDRESS	620 FLAMINGO DR.
CITY-ST-ZIP	APOLLO BEACH FL 33572
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: SIGNATURE REQUIRED Carol M. Corniello-President 03/03/03 (813) 642-9379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #