

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91905 013 ***150.00

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DOCUMENT # P02000082158

1. Entity Name
SHOE BUS, INC.



Principal Place of Business
**7740-ULMERTON RD
LARGO FL 33771**

Mailing Address
**7740-ULMERTON RD
LARGO FL 33771**

2. Principal Place of Business

1308 MARION DR S

3. Mailing Address

1308 MARION DR S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

St. Petersburg

4. FEI Number

75-3073011

Applied For

Not Applicable

Zip

33707

Country

Pinellas

Zip

33707

Country

Pinellas

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMILEY, R.W.
7740-ULMERTON RD
LARGO FL 33771**

7. Name and Address of New Registered Agent

Name **CECIL D. MEANS**

Street Address (P.O. Box Number is Not Acceptable)
1308 MARION DR S.

City **St. Petersburg**

FL

Zip Code

33707

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
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

**D
MEANS, CECIL D
7740-ULMERTON RD
LARGO FL 33771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

**Director
CECIL D. MEANS
1308 MARION DR S.
St. Petersburg, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☒ Addition

**Director
BARRY BROWN
5220 BRITTANY DR S. Unit 710
St. Petersburg FL 33715**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

727-492-3282

Date

Daytime Phone #

CR2E034 (10/02)