## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000125775

**DOCUMENT #** 1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

THE SHOE CASE COMPANY



**FILED** Mar 31, 2003 8:00 am § Secretary of State

03-31-2003 90152 009 \*\*\*150.00

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Principal Place of Business 7040 PINE HOLLOW DRIVE MT DORA FL 32757  2. Principal Place of Business			Mailing Address 7040 PINE HOLLOW DRIVE MT DORA FL 32757  3. Mailing Address			1 4 8 1 2 4 6 4 1 1 1 1	II/ <b>I</b>	<b>       </b>	<b>1)(1) (156</b> )( (	0191 SKK SERI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				HECK HERE II	F MAKING CH	HANGES		
City & State			City & State			4. FEI Number 32 - 00 55 2	*			oplied For ot Applicable	]
Zip	Countr	ry	Zip	Count	у	5. Certificate of Sta			3.75 Add	ditional	ĺ
_	6. Name and Add	iress of Current F	Registered Agent			7. Name and Addr	ess of New Re	egistered Age	nt ·		l
					Name						1
FUCHS, ROLF											1
7040 PINE HOLLOW DRIVE			<del></del>	Street Address (			ot Acceptable)				
MT DORA				Ī							1
WII DONA	TL 32/3/			-	City			FL	Zip Cod	e	
	named entity submits	this statement for	the purpose of changing i	its registere	d office or regist	ered agent, or both, in the	ne State of Flor	ida. I am fam	iliar with,	and accept	
the obligat		ume of registered agent a	nd title if applicable. (NC	OTE: Registered	Agent signature requir	9. Election	Campaign Fina			O May Be	
the obligated in the state of t	Signature, typed or printed na	ine of registered agent at IS \$150.00 vill be \$550.00 I Department of	State		Agent signature requir	9. Election Trust Fur	nd Contribution	ancing	Added	I to Fees	
signature . F Aftel Make Check	Signature, typed or printed na FILE NOW!!! FEE I r May 1, 2003 Fee w k Payable to Florida	ine of registered agent a IS \$150.00 vill be \$550.00	State DIRECTORS	11.	Agent signature requir	9. Election	nd Contribution	ancing .   CERS AND DI	Added	I to Fees	6
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: