

200/ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048555

Entity Name

YIOLE-COBBLER SHOE REPAIR & LEATHER GOODS, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90041 033 ***150.00

Place of Business

Mailing Address

1039 WEST BRANDON BOULEVARD
BRANDON FL 33511

1039 WEST BRANDON BOULEVARD
BRANDON FL 33511-4125

AUG1317

Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number **59-3386121**

Applied For

Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHUNG, YON H
1039 WEST BRANDON BOULEVARD
BRANDON FL 33511

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Is corporation eligible to satisfy its intangible
filing requirement and elects to do so.
(see criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change

☐ Addition

ADDRESS
- ZIP
D
CHUNG, YON H
1039 WEST BRANDON BOULEVARD
BRANDON FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

ADDRESS
- ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)