

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2004 8:00 am
Secretary of State

DOCUMENT # **P97000023820**

1. Entity Name

SHOE REPAIR SUPPLIES, INC.

03-11-2004 90015 011 ***150.00

DO NOT WRITE IN THIS SPACE

94027940

2. Principal Place of Business

1414 DUFFER ROAD

Suite, Apt. #, etc.

3. Mailing Address

1414 DUFFER ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEBRING, FLA

City & State

SEBRING, FLA.

4. FEI Number

65-0740864

Applied For

Not Applicable

Zip

33872

Country

USA

Zip

33872

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

QUEEN, DENNIS

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

1414 DUFFER ROAD

City

SEBRING

FL

Zip Code

33872

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IN THIS SPACE**

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.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating.

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D.P. QUEEN, DENNIS	1414 DUFFER ROAD	SEBRING, FLA. 33872
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

1/4/04 800-432-2063