

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90210 045 ***150.00

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1. Entity Name
SHOE EXPRESS, INC.



Principal Place of Business
**3170 S. OCEAN BLVD., UNIT S404
PALM BEACH FL 33480**

Mailing Address
**3170 S. OCEAN BLVD., UNIT S404
PALM BEACH FL 33480**

11015456



2. Principal Place of Business

11 NORTH J ST.

3. Mailing Address

11 NORTH J STREET

Suite, Apt., etc.

Suite 5

Suite, Apt., etc.

Suite 5

City & State

LAKE WORTH FL

City & State

LAKE WORTH, FL.

Zip

33460

Country

USA

Zip

33460

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0745236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, VEGOSEN, ROSENBAACH & SILBER, P.A.
C/O DEAN VEGOSEN
10TH FL., 500 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33401**

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 **D** ☐ Delete
NAME **GROFFMAN, KAREN**
STREET ADDRESS **3170 S. OCEAN BLVD., UNIT S404**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **GROFFMAN, LESLIE**
STREET ADDRESS **3170 S. OCEAN BLVD., UNIT S404**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)