FILED
Jun 17, 2002 8:00 am
Secretary of State
05-13-2002 90194 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055032

1. Entity Name
RETIRED COBBLERS

DO NOT WRITE IN THIS SPACE

93231

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2. Principal Place of Business	3. Mailing Address
3203 Bay To Bay Suite, Apt. #, etc.	3203 Bay to Bay Suite, Apt. #, etc.
City & State: Tampa Fla	City & State: Tampa. Fla
Zip: 33629 Country: USA	Zip: 33629 Country: USA

4. FEI Number: 593519710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL R. BASS
Street Address (P.O. Box Number is Not Acceptable): 600 SOUTH ANDREWS AVE
City: FORT LAUDERDALE Fla. FL Zip Code: 33301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Checks Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Gregory Custer
STREET ADDRESS	6907 Greyoak Place
CITY-ST-ZIP	Riverview Fla 33569
TITLE	VICE PRESIDENT
NAME	Nicholas P. Esposito
STREET ADDRESS	4823 Limerick Dr.
CITY-ST-ZIP	Tampa Fla 33610
TITLE	CHAIRMAN OF THE BOARD
NAME	Nicholas P. Esposito JR
STREET ADDRESS	8612 Dee Circle
CITY-ST-ZIP	Riverview Fla 33569
TITLE	
NAME	
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CR2E034B (12/01)

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nicholas P Esposito JR 4/24/02 813 837-7022
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #