

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90027 021 \*\*\*158.75

**DOCUMENT # 851625**

1. Entity Name  
**FITZ AND FLOYD FACTORY OUTLET, INC.**

Principal Place of Business <b>501 E CORPORATE DR LEWISVILLE TX 75057 US</b>	Mailing Address <b>501 E CORPORATE DR LEWISVILLE TX 75057 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>75-1774560</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>C T CORPORATION SYSTEM</b> <b>1200 S PINE ISLAND RD</b> <b>PLANTATION FL 33324</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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.

SIGNATURE: \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DEVOTO, EARL</b> <b>501 E CORPORATE DR</b> <b>LEWISVILLE TX 75057</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>BYLIN, ARTHUR</b> <b>501 CORPORATE DR.</b> <b>LEWISVILLE, TX 75057</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>C</b> <b>BYLIN, ARTHUR</b> <b>501 E CORPORATE DR</b> <b>LEWISVILLE TX 75057</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V/T/S</b> <b>WALKER, JOHN B JR</b> <b>501 CORPORATE DR.</b> <b>LEWISVILLE, TX 75057</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>LOCKAMY, DALE</b> <b>501 E CORPORATE DR</b> <b>LEWISVILLE TX 75057</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>HODGES, DALE</b> <b>501 CORPORATE DR.</b> <b>LEWISVILLE, TX 75057</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>MOLICA, TOM</b> <b>501 CORPORATE DR.</b> <b>LEWISVILLE TX 75057</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SEE ATTACHED...</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>SWEATT, SAFFORD P</b> <b>501 CORPORATE DR.</b> <b>LEWISVILLE TX 75057</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>WALKER JR, JOHN B</b> <b>501 CORPORATE DR.</b> <b>LEWISVILLE TX 75057</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John B. Walker, Jr. **REQUIRED** John B. WALKER, JR. 1/10/02 (972) 874-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

# Attachment

Box 12:

#851625

710779

D

Addition

HOWARD, JOHN

501 CORPORATE DR.

LEWISVILLE, TX 75057

D

Addition

KORN, DOUG

501 CORPORATE DR.

LEWISVILLE, TX 75057

D

Addition

CLARK, TIM

501 CORPORATE DR.

LEWISVILLE, TX 75057

D

Addition

STEIN, SHELDON

501 CORPORATE DR.

LEWISVILLE, TX 75057