

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90135 017 ***150.00

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DOCUMENT # 411460

1. Entity Name
ORANGE PARK (FLA.) FOOTACTION, INC.

Principal Place of Business 1910 WELLS RD #59 #J10 ORANGE PARK FL 32073 US	Mailing Address ATTN: TAX DEPARTMENT 7880 BENT BRANCH DRIVE. STE 100 IRVING TX 75063 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-2508086	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301		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.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD NEVILLE, SHAWN R STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP IRVING TX	<input type="checkbox"/> Delete	TITLE NAME VP/SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME WINTON, NANCY L STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP IRVING TX	<input type="checkbox"/> Delete	TITLE NAME VP/D LEE D. APPLBAUM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME RODRIGUEZ, VICKI STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP IRVING TX 75063	<input type="checkbox"/> Delete	TITLE NAME VP WARREN Z. COLTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SITES, TIMOTHY D STREET ADDRESS 7880 BENT BRANCH DR. #100 CITY-ST-ZIP IRVING TX 75063	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete		<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: NANCY L. WINTON **NANCY L. WINTON** 2/4/02 (972) 501-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)