

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am Secretary of State

02-08-2000 90148 045 ***150.00

DOCUMENT # F64758

1. Entity Name

MAIN STREET MALL FOOTACTION, INC.

Principal Place of Business

Mailing Address

MAIN STREET MALL 67 MILLBROOK STREET JACKSONVILLE MI 01606 US

7880 BENT BRANCH DR. 100 IRVING TX 75063-6046 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

4. FEI Number

04-2763477

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

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)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

Input box

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Delete checkbox. Rows include PD PARKS, RALPH T; AS RODRIGUEZ, VIKKI; S WINTON, NANCY L; VD ROACH, DONALD V.; and VD ALBERT, CHARLES M.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change checkbox. Row includes R. SHAWN NEVILLE.

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...

SIGNATURE:

NANCY L WINTON

1-31-2000 970-501-500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #