

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90051 003 ***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
 US**

915200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2763477**

Applied For:
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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 _____ (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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD NEVILLE, SHAWN R	TITLE	
NAME		NAME	
STREET ADDRESS	7880 BENT BRANCH DR. #100	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	CITY-ST-ZIP	
TITLE	AS RODRIGUEZ, VIKKI	TITLE	
NAME		NAME	
STREET ADDRESS	7880 BENT BRANCH DR. #100	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	CITY-ST-ZIP	
TITLE	S WINTON, NANCY L	TITLE	
NAME		NAME	
STREET ADDRESS	7880 BENT BRANCH DR. #100	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	CITY-ST-ZIP	
TITLE	VD ROACH, DONALD V.	TITLE	TIMOTHY D. SITES
NAME		NAME	
STREET ADDRESS	7880 BENT BRANCH DR. #100	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	CITY-ST-ZIP	
TITLE	VD ALBERT, CHARLES M	TITLE	
NAME		NAME	
STREET ADDRESS	7880 BENT BRANCH DR. #100	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L WINTON

1-29-01 (912) 501-5000
 Date Daytime Phone #

CR2E034 (10/00)