

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90194 050 ***150.00

081147 AT

DOCUMENT # F93000001557
 1. Entity Name
FLORIDA GADZOOKS, INC.

Principal Place of Business Mailing Address
4121 INTERNATIONAL PARKWAY **4121 INTERNATIONAL PARKWAY**
CARROLLTON TX 75007 **CARROLLTON TX 75007**



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 Applied For
74-2261048 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Applicable)
 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	SZCZEPANSKI, GERALD R	
STREET ADDRESS	4121 INTERNATIONAL PARKWAY	
CITY-ST-ZIP	CARROLLTON TX 25007	
TITLE	D	<input type="checkbox"/> Delete
NAME	TITUS, LAWRENCE H III	
STREET ADDRESS	4121 INTERNATIONAL PARKWAY	
CITY-ST-ZIP	CARROLLTON TX 75007	
TITLE	VSF	<input type="checkbox"/> Delete
NAME	MOTLEY, JIM	
STREET ADDRESS	4121 INTERANTIONAL PARKWAY	
CITY-ST-ZIP	CARROLLTON TX 75007	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT NOURSE	
STREET ADDRESS	550 BAILEY #700	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHENS, G M	
STREET ADDRESS	C/O 153 E. 53RD STREET, 23RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 as an attachment with an address, with all other like empowered.

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

Date: **1/17/01** Daytime Phone #: **(972) 307-5555**

CR2E034 (9/01)