## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 08, 2000 8:00 am DOCUMENT # P94000054370 Secretary of State 1. Entity Name 02-08-2000 90148 049 \*\*\*150.00 EDISON MALL FOOTACTION, INC. Principal Place of Business Mailing Address DOOT ( 20 to 4125 CLEVELAND AVE ATTN: TAX DEPARTMENT 7880 BENT BRANCH DRIVE, SUITE 100 #130B IRVING TX 75063-6046 FT. MYERS FL 33901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0505445 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back)1 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE **Change** TITLE □ Delete RUSHAWN NEVILLE PARKS, RALPHT T NAME NAME STREET ADDRESS STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP CITY-ST-ZIP IRVING TX VD. Change TITLE Delete TITLE ALBERT, CHAPLES M NAME NAME 7880 BENT BRANCH DR #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IRMING TX \_-T .... ☐ Change TD Delete TITLE TITLE ROACH, DONALD V NAME NAME 7880 BENT BRANCH DR. #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **IRVING TX 75063** ☐ Delete ☐ Change TITLE TITLE NAME WINTON, NANCY NAME STREET ADDRESS STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP CITY-ST-ZIP **IRVING TX** TITLE AS Defete TITLE ☐ Change RODRIGUEZ, NANCY L NAME STREET ADDRESS 7880 BENT BRANCH DR. #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75063 ☐ Change $\Box$ . TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR Date Designing OFFICER OR DIRECTOR

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