5/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State
05-17-2001 90107 001 ***300.00

DOCUMENT # V13833

1. Entity Name
FLA. FACTORY OUTLETS, INC.

(1A)

Principal Place of Business	Mailing Address
640 EAST JOHN SIMS PARKWAY NICEVILLE FL 32578 US	P.O. BOX 1087 NICEVILLE FL 32588 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
#24 W. Orange Ave Suite, Apt. #, etc.	#24 W. Orange Ave Suite, Apt. #, etc.
City & State: DefuniakSprings, Fl	City & State: DefuniakSprings, Fl
Zip: 32433 Country: Walton	Zip: 32433 Country: Walton

4. FEI Number 42-0020770 ☐ Applied For ☐ Not Applicable

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
SMITH, JAMES L 640 E. JOHN SIMS PARKWAY NICEVILLE FL 32578	Name: Thomas S. Smith Street Address (P.O. Box Number is Not Acceptable): #24 W. Orange Ave. City: DefuniakSprings, FL Zip Code: 32433

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 _____ 4/28/01
Signature, type 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, 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, JAMES L 640 E. JOHN SIMS PKWY NICEVILLE FL 32578	☐ Delete	President Thomas Smith #24 W. Orange Ave. Defuniak Springs Fl. 32435	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. & Tres. Thomas S. Smith #24 W. Orange Ave Defuniak Springs Fl 32455	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Thomas Smith #24 W. Orange Ave. Defuniak Springs F. 32455	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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 — Date — Daytime Phone #