

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90356 023 \*\*\*158.75

**DOCUMENT # V13833**

1. Entity Name  
**FLA. FACTORY OUTLETS, INC.**



Principal Place of Business  
**24 W ORANGE AVENUE  
DEFUNIAK SPRINGS FL 32433  
US**

Mailing Address  
**24 W ORANGE AVENUE  
DEFUNIAK SPRINGS FL 32433  
US**



2. Principal Place of Business

**24 W. Orange Ave  
Suite/Apt. #, etc.  
Defuniak Springs, FL  
City & State  
32433**

3. Mailing Address

**24 W. Orange Ave  
Suite/Apt. #, etc.  
Defuniak Springs, FL  
City & State**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **42-0020770**

Applied For  
☒ Not Applicable

Zip **32433** Country **Walton** Zip **32433** Country **Walton**

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

6. Name and Address of Current Registered Agent

**SMITH, THOMAS S  
24 W ORANGE AVENUE  
DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

Name **Thomas S. Smith**  
Street Address (P.O. Box Number is Not Acceptable)  
**24 W. Orange Ave.  
Defuniak Springs, FL  
City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SMITH, THOMAS S 24 W ORANGE AVENUE DEFUNIAK SPRINGS FL 32433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2003 850-4286572**

Date

Daytime Phone #

CR2E034 (10/02)