2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am **V24062** DOCUMENT # **Secretary of State** 1. Entity Name 02-21-2002 90135 005 ***150.00 PEMBROKE LAKES FOOTACTION, INC. Principal Place of Business Mailing Address 11401 PINES BLVD ATTN: TAX DEPARTMENT 823996 SP #884 7880 BENT BRANCH DRIVE, SUITE 100 PEMBROKE PINES FL 33026 IRVING TX 75063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0345193 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST **STE 105** TALLAHASSEE FL 32301 City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See griteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE Change ☐ Addition Defete NEVILLE, SHAWN R NAME NAME STREET ADDRESS 7880 BENT BRANCH DR #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **IRVING TX** VPID TITLE ☐ Delete ☐ Addition TITLE D. APPLBAUM NAME NAME SITES: TIMOTHY D STREET ADDRESS STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75063 VP SECY ☐ Delete g-☐ Addition TITLE TITLE WINTON, NANCY L NAME NAME STREET ADDRESS STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP CITY-ST-ZIP IRVING TX ☐ Addition A8= TITLE Change TITLE ☐ Delete WARREN Z. COLTER NAME RODRIGUEZ, VIKKI NAME STREET ADDRESS STREET ADDRESS 7880 BENT BRANCH DR #100 CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75063 TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ZIZMAJAKE REQUIRENANCY L. WINTON

2 4/02 (972) 501 -5000

FILED

CR2E034 (9/01)