

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90031 019 \*\*\*550.00

01/09/02 AT

**DOCUMENT # K57397**  
 1. Entity Name  
**I-4 PLANT LAND, INC.**

Principal Place of Business <b>3302 N. FRONTAGE ROAD          PLANT CITY FL 33565          US</b>	Mailing Address <b>3302 N. FRONTAGE ROAD          PLANT CITY FL 33565          US</b>
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**A008513Z**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>13100 34th St. N.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Clearwater, Florida</b>		City & State <b>Clearwater, Florida</b>	
Zip <b>33762</b>	Country <b>USA</b>	Zip <b>33762</b>	Country <b>USA</b>

4. FEI Number <b>59-2927164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**HILL, ANN G**  
**3304 N. FRONTAGE ROAD**  
**PLANT CITY FL 33565**

**7. Name and Address of New Registered Agent**  
 Name  
**Tami McKnight**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13100 34th Street N**  
 City  
**Clearwater FL** Zip  
**33762**

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 *Jami McKnight* DATE **9-6-01**  
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 Tax filing requirement and elects to do so.   
See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 <b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HILL, RICHARD W</b>	
STREET ADDRESS <b>3304 N FRONTAGE RD</b>	
CITY - ST - ZIP <b>PLANT CITY FL 33565</b>	
TITLE <b>PSTD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HILL, ANN G</b>	
STREET ADDRESS <b>3304 N. FRONTAGE ROAD</b>	
CITY - ST - ZIP <b>PLANT CITY FL 33565</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCKNIGHT TAMI</b>	
STREET ADDRESS <b>13100 34th ST N</b>	
CITY - ST - ZIP <b>Clearwater, FL 34622</b>	
TITLE <b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Kestilnik, George</b>	
STREET ADDRESS <b>1360 34th ST N</b>	
CITY - ST - ZIP <b>Clearwater, FL 34622</b>	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jami McKnight* **SIGNATURE REQUIRED** DATE: **9-6-01** DAYTIME PHONE #: **727-572-4546**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)