

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90199 018 ***150.00

DOCUMENT # P01000037844

1. Entity Name
I-4, INC.

Principal Place of Business
826 BALDWIN AVE.
DEFUNIAK SPRINGS FL 32433

Mailing Address
826 BALDWIN AVE.
DEFUNIAK SPRINGS FL 32433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6645 N. Davis Hwy
 Suite, Apt. #, etc.

3. Mailing Address
6645 N. Davis Hwy
 Suite, Apt. #, etc.

City & State
Pensacola FL
 Zip
32504
 Country
USA

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Pensacola FL
 Zip
32504
 Country
USA

4. FEI Number
59-3720473
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BALL, BRADEN K JR
226 S. PALAFOX ST., 9TH FL
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
Perry Nolan
 Street Address (P.O. Box Number is Not Acceptable)
239 Fennel Street
 City
Pensacola FL Zip Code
32505

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]* DATE 4/19/02
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 \$150.00
After May 1, 2002 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 President	<input type="checkbox"/> Delete
NAME KIMBRELL, CURTIS C JR	
STREET ADDRESS 39 LAUREL CIR.	
CITY-ST-ZIP WAYNESVILLE NC 28786	
TITLE Vice President	<input type="checkbox"/> Delete
NAME Perry Nolan	
STREET ADDRESS 239 Fennel Street	
CITY-ST-ZIP Pensacola FL 32505	
TITLE Secretary	<input type="checkbox"/> Delete
NAME Julia Kimbrell	
STREET ADDRESS 104 N. Moreland Drive	
CITY-ST-ZIP Richmond VA 23229	
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"/> 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	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 850/4793976
Date Daytime Phone #

UNIFORM BUSINESS REPORT

CR2E034 (9/01)