FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90097 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20040202

DOCUMENT # P93000038621

1. Entity Name
T4 INCORPORATED

Principal Place of Business	Mailing Address
4426 SE 16TH PL SUITE 2 CAPE CORAL, FL 33904 US	~~C/O JOHN MILLIGAN~~ ~~1500 COLONIAL, SUITE 103~~ ~~FT. MYERS, FL 33907 US~~

2. Principal Place of Business		3. Mailing Address	
		C/O FRAN SZYMANSKI	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 13391 GATEWAY DRIVE #117	
City & State		City & State FORT MYERS	
Zip	Country	Zip 33919	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0412447 — 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
~~MILLIGAN, JOHN P JR~~ ~~1500 COLONIAL BLVD.~~ ~~SUITE 403~~ ~~FT. MYERS, FL 33907~~	Name FRANCES K. SZYMANSKI Street Address (P.O. Box Number is Not Acceptable) 13391 GATEWAY DR. #117 City FORT MYERS FL Zip Code 33919

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 Frances K. Szymanski — 4/28/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CONWAY, CAROL P 6471 HARBORAGE DR. FT. MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: Carol P Conway CAROL P CONWAY President 4.28.03 239 5428418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #