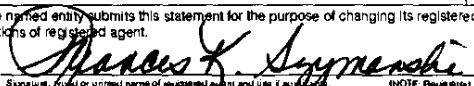
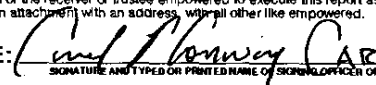


FILED
May 02, 2003 8:00 am
Secretary of State

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 4426 SE 16TH PL SUITE 2 CAPE CORAL, FL 33904 US		Mailing Address 440 JOHN MILLIGAN 1500 COLONIAL, SUITE 103 FT. MYERS, FL 33907 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
33919		USA	
4. FEI Number 65-0412447		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent MILLIGAN, JOHN P JR 1600 COLONIAL BLVD. SUITE 409 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent 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  DATE 4/28/03 (NOTE: Registered Agent Signature Required when appointing)			
FILE NOW!!! FEE IS \$160.00 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DPT CONWAY, CAROL P 6471 HARBORAGE DR. FT. MYERS, FL 33908			
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change 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 507, 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:  DATE 4.28.03 DAYTIME PHONE 5428419			