

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 13, 2001 8:00 A.M**  
**Secretary of State**

DOCUMENT # P97000009905

(JP)

1. Entity Name

I2, Inc.

Principal Place of Business

Mailing Address

844 North Federal Hwy  
 Pompano Bch Fl 33062

844 N Federal Hwy  
 Pompano Bch Fl 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0725069

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Hoble, Sheri L  
 7761 NW 23rd St.  
 Margate, Fl 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 3, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	President Eileen Carway 1050 SE 15 STREET Ft. Lauderdale, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Eileen Carway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/01

Date

954-782-9229

Daytime Phone #

CR2E034 (11/00)

July 15, 2001

Attachment 10038

HP 97000009905

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: copy of attached letter

Dear Sirs,

I contacted the Florida Division about my annual filing fee and indicated that I had not received a copy to file, and a copy was sent which I subsequently filed with the \$150 fee. Now I receive a notice that you want an additional \$400.00. I had explained I had not received the original and yet you are still charging me a late filing fee and I contacted you. If you are not willing to waive the late fee due to the fact I did not receive the original than I am requesting that you return my \$150 check. My small business does not have the ability to pay the additional \$400 and I will close the corporation.

I hope that you will waive the fee but in the event you do not then I thank you in advance for returning my check expediently.

Regards,

*Eileen Caraway*

Eileen Caraway  
President I2, Inc.