

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000038835

Entity Name: NIC4, INC.**Current Principal Place of Business:**111 KELSEY LANE, SUITE D
TAMPA, FL 33619**Current Mailing Address:**111 KELSEY LANE, SUITE D
TAMPA, FL 33619 US**FEI Number:** 45-2038408**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR A
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO, PRESIDENT, DIRECTOR
Name	GATLIN, CHAD
Address	111 KELSEY LANE, SUITE D
City-State-Zip:	TAMPA FL 33619

Title	SECRETARY, DIRECTOR
Name	HANSBROUGH, DANNY
Address	111 KELSEY LANE, SUITE D
City-State-Zip:	TAMPA FL 33619

Title	DIRECTOR
Name	DAWSON, DEREK
Address	4424 MANILLA ROAD SE
City-State-Zip:	CALGARY AB T2G 4B7

Title	DIRECTOR
Name	GUST, DAVID
Address	111 KELSEY LANE, SUITE D
City-State-Zip:	TAMPA FL 33619

Title	DIRECTOR
Name	DUFFY, JIM
Address	111 KELSEY LANE, SUITE D
City-State-Zip:	TAMPA FL 33619

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHAD GATLIN

CEO

04/12/2022

Electronic Signature of Signing Officer/Director Detail_____
Date