2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90097 025 ***155.00

DOCUMENT # F94000005007

1. Entity Name
FOUR/FOUR CORPORATION OF DELAWARE, INC.

Principal Place of Business	Mailing Address
~~24331 LOS SERRANOS~~ ~~LAGUNA NIGUEL CA 92677~~	~~24331 LOS SERRANOS~~ ~~LAGUNA NIGUEL CA 92677~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2804 MAGNOLIA WDS,	Suite, Apt. #, etc. BOX 15159
City & State FERNANDINA BCH. FL	City & State FERNANDINA BCH. FL
Zip 32034 Country USA	Zip 32035 Country USA

4. FEI Number 37-0889780 ☐ 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
~~WOOD, MARSHALL E~~ ~~303 CENTRE ST~~ ~~STE 100~~ ~~FERNANDINA BEACH FL 32034~~	Name J. O. EVANS Street Address (P.O. Box Number is Not Acceptable) 2804 MAGNOLIA WOODS CT. City FERNANDINA BCH FL Zip Code 32034

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 J.O. EVANS, PRES. DATE 4/18/01
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, 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	CP EVANS, JOSEPH O ~~24331 LOS SERRANO, LAGUNA~~ ~~NIGUEL CA 92677~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2804 MAGNOLIA WOODS CT. FERNANDINA BEACH, FL 32034
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CST EVANS, BARBARA M ~~24331 LOS SERRANO, LAGUNA~~ ~~NIGUEL CA 92677~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2804 MAGNOLIA WOODS CT. FERNANDINA BEACH FL 32034
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV EVANS, DANIEL M 3726 SAPPHIRE MARTINEZ GA 30907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ROBSON, JENNIFER E 123 COMPO RD S WESTPORT CT	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: JOSEPH O. EVANS, PRES 4/18/01 904-491-9906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #