F95000004057

DOCUMENT # 1. Entity Name

SEASONS-4, INC.

Principal Place of Business 4500 INDUSTRIAL ACCESS ROAD

DOUGLASVILLE GA 20124

Mailing Address

4500 INDUSTRIAL ACCESS RD.

US':	, in the second	US:				
2. Principal Place of Business		3. Mailing Addre	ess			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.				
		City & State				
Zip	Country	Zip	Country			
				_		



2. Principal Place of Business  Suite, Apt. #, etc.  City & State  3.		3. Mailing Address  Suite, Apt. #, etc.  City & State  4.		1 1001100				
					DO NOT WRITE IN THIS SPACE			
				4.	4. FEI Number 58-1105884		Applied For Not Applicabl	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.7		\$8.75 Ad	ditional	
	6. Name and Address of Current Re		7.	Name and Address of New Re	gistered A	\gent .		
1201 HA SUITE 10 TALLAHA  8. The above SIGNATURE  9. This corp	e named entity submits this statement for the signature, typed or printed name of registered agent and coration is eligible to satisfy its Intangible	ne purpose of changing its title if applicable. (NOT	City	or registered ag		FL.		
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.0 Make Check Payable to Department of \$			Trust Fund Contribution			May Be to Fees
11.	OFFICERS AND DI	RECTORS	12.	ΑĽ	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DPT "WATFORD," LEWIS 4500 INDUSTRIAL ACCESS RD. DOUGLASVILLE GA 30134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
NAME ** * * * * * * * * * * * * * * * * *	S PAYNE, TONYA 4500 INDUSTRIAL ACCESS RD. DOUGLASVILLE GA 30134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6			Change	Addition
TITLE NAME	10.2	☐ Delete	TITLE NAME				☐ Change	☐ Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 tryle 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP