

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
 09-12-2001 90031 019 ***550.00

DOCUMENT # K57397

1. Entity Name
I-4 PLANT LAND, INC.

Principal Place of Business
3302 N. FRONTAGE ROAD
PLANT CITY FL 33565
US

Mailing Address
3302 N. FRONTAGE ROAD
PLANT CITY FL 33565
US

2. Principal Place of Business

3. Mailing Address

13100 34th St N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clearwater, Florida

4. FEI Number **59-2927164**

Applied For

Not Applicable

Zip

Country

Zip

Country

33762

USA

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

HILL, ANN G
3304 N. FRONTAGE ROAD
PLANT CITY FL 33565

Name

Tami McKnight

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

13100 34th Street N

City

Clearwater

FL

Zip

33762

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

Tami McKnight

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-6-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DV** ☒ Delete
 NAME **HILL, RICHARD W**
 STREET ADDRESS **3304 N FRONTAGE RD**
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **V** ☒ Change ☐ Addition
 NAME **McKNIGHT Tami**
 STREET ADDRESS **13100 34th St N**
 CITY-ST-ZIP **Clearwater, FL 34622**

TITLE **PSTD** ☒ Delete
 NAME **HILL, ANN G**
 STREET ADDRESS **3304 N. FRONTAGE ROAD**
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Kestilnik, George**
 STREET ADDRESS **1360 34th St N**
 CITY-ST-ZIP **Clearwater, FL 34622**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: **Tami McKnight**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-01

Date

Daytime Phone #

727-572-4546

CR2E034 (5/01)