

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018240 AF

**DOCUMENT #** L00000010130  
**1. Entity Name**  
 4I, LLC

**FILED**

01 MAY 16 PM 3:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
 222 SECOND STREET NORTH  
 ST. PETERSBURG FL 33701

**Mailing Address**  
 222 SECOND STREET NORTH  
 ST. PETERSBURG FL 33701

**2. Principal Place of Business**  
 100 Second Avenue North  
 Suite, Apt. #, etc.  
 Suite 200

**3. Mailing Address**  
 PO Box 429  
 Suite, Apt. #, etc.

**City & State**  
 St Petersburg, FL

**City & State**  
 St Petersburg, FL

**Zip**  
 33701

**Country**  
 Pinellas

**Zip**  
 33731-0429

**Country**  
 Pinellas

**4. FEI Number**  Applied For  Not Applicable

**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

IRWIN, IAN F  
 222 SECOND STREET NORTH  
 ST. PETERSBURG FL 33701

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
 100 Second Avenue North Suite 200

City **FL** Zip Code 33701

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**DATE** 06/14/01

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

000004418700-3  
 -06/14/01--01003--012  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ian F Irwin 100 Second Avenue North Suite 200 St Petersburg, FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Innes H Irwin 222 Second Street North St Petersburg, FL 33701 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** Irwin, Manager 4/26/01 (727)821-5178

CR2E083 (11/00)