

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90199 018 ***150.00

DOCUMENT # P01000037844

1. Entity Name
I-4, INC.

Principal Place of Business
826 BALDWIN AVE.
DEFUNIAK SPRINGS FL 32433

Mailing Address
826 BALDWIN AVE.
DEFUNIAK SPRINGS FL 32433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6645 N. Davis Hwy
 Suite, Apt. #, etc.

3. Mailing Address
6645 N. Davis Hwy
 Suite, Apt. #, etc.

City & State
Pensacola FL
 Zip
32504
 Country
USA

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Pensacola FL
 Zip
32504
 Country
USA

4. FEI Number
59-3720473
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

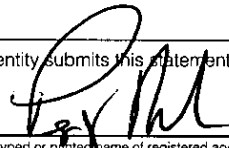
6. Name and Address of Current Registered Agent

BALL, BRADEN K JR
226 S. PALAFOX ST., 9TH FL
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
Perry Nolan
 Street Address (P.O. Box Number is Not Acceptable)
239 Fennel Street
 City
Pensacola FL Zip Code
32505

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  **4/19/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

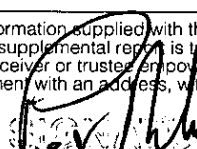
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President	KIMBRELL, CURTIS C JR	39 LAUREL CIR.	WAYNESVILLE NC 28786	☐
Vice President	Perry Nolan	239 Fennel Street	Pensacola FL 32505	☐
Secretary	Julia Kimbrell	104 N. Moreland Drive	Richmond VA 23229	☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  **NOTED REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 **850/4793976**
 Date Daytime Phone #

CR2E034 (9/01)