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**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000038621			
1. Entity Name T4 INCORPORATED			
Principal Place of Business 4426 SE 16TH PL SUITE 2 CAPE CORAL, FL 33904 US		Mailing Address 410 JOHN MILLIGAN 1500 COLONIAL, SUITE 103 FT. MYERS, FL 33907 US	
2. Principal Place of Business		3. Mailing Address 410 FRANSZYMAWSKI 13391 GATEWAY DR #117	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT MYERS	
Zip	Country	Zip	Country
33919	USA	33919	USA
4. FEI Number 65-0412447		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLIGAN, JOHN P JR 1600 COLONIAL BLVD. SUITE 409 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name FRANCES K-SZYMAWSKI Street Address (P.O. Box Number is Not Acceptable) 13391 GATEWAY DR. #117 City FORT MYERS FL Zip Code 33919	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Frances K. Szymanski</i> DATE: 4/28/03 <small>Signature, typed or printed name of registered agent and the filer (if not the agent) (NOTE: Registered Agent Signature required when applicable)</small>			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CONWAY, CAROL P 5471 HARBORAGE DR. FT. MYERS, FL 33908 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 507, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Carol Conway</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4.28.03 239 Daytime Phone # 542 8418	

CR20034 (10/02)