

05-02-2003 90097 049 \*\*\*150.00

20040202

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

DOCUMENT # P93000038621			
1. Entity Name <b>T4 INCORPORATED</b>			
Principal Place of Business 4426 SE 16TH PL SUITE 2 CAPE CORAL, FL 33904 US		Mailing Address <del>410 JOHN MILLIGAN</del> <del>1500 COLONIAL, SUITE 103</del> <del>FT. MYERS, FL 33907 US</del>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		<b>410 FRANSZYMAWSKI</b> <b>13391 GATEWAY DR #117</b>	
City & State		City & State <b>FORT MYERS</b>	
Zip	Country	Zip	Country
<b>33919</b>	<b>USA</b>	<b>33919</b>	<b>USA</b>
4. FEI Number <b>65-0412447</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MILLIGAN, JOHN P JR</b> <b>1600 COLONIAL BLVD.</b> <b>SUITE 409</b> <b>FT. MYERS, FL 33907</b>		Name <b>FRANCES K. SZYMANSKI</b> Street Address (P.O. Box Number Is Not Acceptable) <b>13391 GATEWAY DR. #117</b> City <b>FORT MYERS</b> FL Zip Code <b>33919</b>	
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 		DATE <b>4/28/03</b>	
SIGNATURE, typed or printed name of registered agent and title (required)		DATE	
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 6471 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
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
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
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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: <b>4.28.03</b> 239	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR20034 (10/02)