

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465802

1. Entity Name

JUSTICE CORPORATION

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90001 015 ***150.00

Principal Place of Business

Mailing Address

1150 CLEVELAND STREET
 SUITE 420
 CLEARWATER FL 33755-4860
 US

1150 CLEVELAND STREET
 SUITE 420
 CLEARWATER FL 33755-4860
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1561565

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JUSTICE, ALBERT N
 1150 CLEVELAND STREET
 SUITE 420
 CLEARWATER FL 33755-4860

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	☐ Delete
NAME	JUSTICE, ALBERT N	
STREET ADDRESS	3040 HIBISCUS DR W	
CITY-ST-ZIP	BELLEAIR BCH, FL 00000 33786	
TITLE	VSD	☐ Delete
NAME	JUSTICE, JUDITH B	
STREET ADDRESS	3040 HIBISCUS DR W	
CITY-ST-ZIP	BELLEAIR BCH, FL 00000 33786	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

727-441-5000

Daytime Phone #

CR2E034 (9/99)