

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90006 029 \*\*\*150.00

**DOCUMENT # N99000004632**

1. Entity Name  
**JUSTICE FOR ALL, INC.**

Principal Place of Business      Mailing Address  
**1510 EAST COLONIAL DRIVE**      **1510 EAST COLONIAL DRIVE**  
**SUITE 214W**      **SUITE 214W**  
**ORLANDO FL 32803**      **ORLANDO FL 32803**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3593555**       Not Applicable

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**

**ANDARGE, FOZIA M**  
**315 ALSTON DRIVE**  
**ORLANDO FL 32835**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>ANDARGE, FOZIA M</b> <b>315 ALSTON DRIVE</b> <b>ORLANDO FL 32835</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ANDARGE, HAILE D</b> <b>315 ALSTON DRIVE</b> <b>ORLANDO FL 32835</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ENGLISH, TIMOTHY W</b> <b>11933 SANDGATE DRIVE</b> <b>CHESTERLAND OH 44026</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ATLAW, FESSEHA</b> <b>2556 CEDARADE COURT</b> <b>SAN JOSE CA 95148</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DEMEKE, TSEHAY</b> <b>325 DARTMOUTH AVENUE, #H-1</b> <b>SWARTHMORE PA 19081</b>	<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"/> 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: **FOZIA M ANDARGE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/22/00 (407) 895-9555**  
 Date      Daytime Phone #

CR2E037 (5/00)