

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010272

1. Entity Name

JUSTICE SPRING HILL COLLISION, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90104 006 \*\*\*150.00

Principal Place of Business

1190 WENDY CT.  
SPRING HILL FL 34607

Mailing Address

1190 WENDY CT.  
SPRING HILL FL 34607

2. Principal Place of Business

3. Mailing Address

396 W. Ave west

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brooksville Florida

Zip

Country

Zip

Country

34601

Hernando

6. Name and Address of Current Registered Agent

WIGGINS, ROBERT E ESQ  
SEIN PROFESSIONAL CENTER  
36402 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

MARK Justice

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

396 W. Ave west

City

Brooksville

FL

Zip Code

34601

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

*MARK Justice President*

2-18-2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	JUSTICE, DIANE L	
STREET ADDRESS	12446 WINSTON COURT	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK Justice	
STREET ADDRESS	396 W. Ave. west	
CITY-ST-ZIP	Brooksville FL 34601	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Justice	
STREET ADDRESS	396 W. Ave. west	
CITY-ST-ZIP	Brooksville FL 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*MARK Justice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2001 352-688-2102

Date

Daytime Phone #

CR2E034 (10/00)