

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90038 023 ***150.00

DOCUMENT # P99000081580

1. Entity Name

JUSTICE CONSTRUCTION COMPANY, INC.

Principal Place of Business

**659 5TH STREET
 CHIPLEY FL 34248**

Mailing Address

**659 5TH STREET
 CHIPLEY FL 32428-1400**

2. Principal Place of Business

918 Dolphin Harbour Dr

Suite, Apt. #, etc.

3. Mailing Address

918 Dolphin Harbour Dr

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

Country

32407

USA

City & State

Panama City Beach, FL

Zip

Country

32407

USA

4. FEI Number

593603186

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANKLIN H. WATSON, P.A.
 5365 E. HIGHWAY 30-A
 SUITE 105
 SEAGROVE BEACH FL 32459**

7. Name and Address of New Registered Agent

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

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	JUSTICE, CHARITY	659 5TH STREET	CHIPLEY FL 32428	<input type="checkbox"/>
V	JUSTICE, TIM	659 5TH STREET	CHIPLEY FL 32428	<input type="checkbox"/>
S	JUSTICE, R. D	1847 DUNCAN COMMUNITY ROAD	CHIPLEY FL 32428	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 13 00
 Date

850 814 4727
 Daytime Phone #



DO NOT WRITE IN THIS SPACE

04/14/2000