

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

05769306 AV

DOCUMENT # **P98000010272**

1. Entity Name
JUSTICE SPRING HILL COLLISION, INC.



04-17-2003 90138 020 ***150.00

Principal Place of Business
**1190 WENDY CT.
SPRING HILL FL 34607**

Mailing Address
**396 N AVENUE WEST
BROOKSVILLE FL 34601**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3493577**
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, MARK
396 N AVENUE WEST
BROOKSVILLE FL 34601**

Name
MARK Justice

Street Address (P.O. Box Number is Not Acceptable)
1190 Wendy Ct

City
Spring Hill FL Zip Code
34607

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 *MARK Justice* DATE **4-8-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D JUSTICE, DIANE L**
STREET ADDRESS **348 N AVENUE WEST**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE Change Addition
NAME **D Steve LASZLO**
STREET ADDRESS **13350 LITTLE FARMS RD.**
CITY-ST-ZIP **Spring Hill FL 34609**

TITLE Delete
NAME **D JUSTICE, MARK**
STREET ADDRESS **396 N AVENUE WEST**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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: *MARK Justice* NATURE REQUIRED **4-8-03** **688-2102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)