

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90058 020 ****61.25

DOCUMENT # 741264

1. Entity Name

JUSTICE AND PEACE OFFICE, INC.

Principal Place of Business

Mailing Address

52 E. MAIN ST. 800 S. Hawthorne Avenue
APOPKA FL 32703

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APOPKA FL 32703

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

59-1787037

Applied For

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

GORMAN, SR CATHY
815 S PK AVE
APOPKA FL 32703

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **GROSS, ALBERT**
CITY-ST-ZIP **1630 WAVERLY DRIVE 105 LONGWOOD FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **105 Bridgeview Ct**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BATTAGLIA, SANDY**
CITY-ST-ZIP **2163 E SEMORAN BLVD APOPKA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **405 Sweetwater Cove Blvd S.**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BURNS, LAUREL**
CITY-ST-ZIP **401 MAGNOLIA OAK DR LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **MONTEGUE, ANNIE-LEE**
CITY-ST-ZIP **1306 S. HIGHLAND AVE. APOPKA FL**

TITLE ☒ Change ☐ Addition
NAME **Rick Azula**
STREET ADDRESS **234 Duncan Trail**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **WALKER, JOHN**
CITY-ST-ZIP **1177 LOUISIANA AVE WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1411 Trouvillion Avenue**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FARMERIE, BECKY**
CITY-ST-ZIP **531 W STETSON ST ORLANDO FL**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Joanne Stevens**
CITY-ST-ZIP **1000 S. Orlando Ave B-22 Maitland, FL 32751**

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 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: **Sandy Battaglia** REQUISITE **Sandy Battaglia** 2-11-02 407-786-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)