DOCUMENT # F94730  1. Entity Name  JUDGEMENT, INC.						Secretary of State 05-15-2001 90168 029 ***150.00					
Principal Place of Business 630 MAGELLAN DRIVE SARASOTA FL 34243 US 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address HENRY P. TRAWICK. P.A. P. O. BOX 4019 SARASOTA FL 34230 US  3. Mailing Address P.O. BOX 4009 Suite, Apt. #, etc.			:	COO65772					
City & State		City & State Sarasota, Florida				1. FEI Number	59-2213906			plied For t Applicable	
Zip	Country  6. Name and Address of Current I	Zip 34230	USA	<i>y</i>		5. Certificate of	Status Desired	Fe	8.75 Add e Required		
630 N	GE, VIRGINIA M MAGELLAN DR ASOTA FL 34243			Name  Street Address (P.O. Box Number is Not Acceptable)  City							
9. This corpo Tax filing re	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so, ia on back)	FILE NOW After MAY 1, 2 Make Check Paya	2001 Fee v	S \$150.0 vill be \$5	00 550.00	10. Elect	ion Campaign Fina Fund Contribution.			<b>0</b> May Be to Fees	γ
11.  VITLE NAME STREET ADDRESS CITY ST-ZIP	JUDGE, VIRGINIA M 630 MAGELLAN DRIVE SARASOTA FL 34243	DIRECTORS  Delete	12. TITLE NAME STREET CITY-S	FADDRESS ST-ZIP	7D		HANGES TO OFFIC		IRECTORS	S IN 11	CR2E034 (10/00)
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	_ <del>PTD</del> JUDGE, DANIEL G 111 630 MAGELLAN DRIVE SARASOTA FL 34243	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	V45]	V		[	☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gordon, Judge dan Jr 630 Magellan Drive Sarasota Fl 34243	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				[	Change	☐ Addition	
TITLS NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS					] Change	☐ Addition	7 -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS				[	Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Defete	CITY-	T ADDRESS S1-ZIP					Change	Addition	

2001 UNIFORM BUSINESS REPORT (UBR)

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 received 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 impowered.

SIGNATURE:

iniea Marke Tresident

4/30/01

941-756-8781