FILED
Jun 04, 2003 8:00 am
Secretary of State

04-17-2003 90034 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023816

1. Entity Name
JUSTICE INDUSTRIES, L.L.C.

44003298

Principal Place of Business	Mailing Address
396 NORTH AVENUE WEST BROOKSVILLE FL 34601	396 NORTH AVENUE WEST BROOKSVILLE FL 34601
2. Principal Place of Business: 396 North Avenue Suite, Apt. #, etc.	3. Mailing Address: 396 North Avenue Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville FL.
Zip: 34601 Country:	Zip: 34601 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 56-2343990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUSTICE, MARK 396 NORTH AVENUE WEST BROOKSVILLE FL 34601	Name: Mark Justice Street Address (P.O. Box Number Is Not Acceptable): 396 Nort Avenue 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: Mark Justice STREET ADDRESS: 396 North Avenue CITY-ST-ZIP: Brooksville FL 34601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Mark Justice 4-8-03 848-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #