

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000004675**1. Entity Name
ADVOCATES FOR SOCIAL JUSTICE, INC.

| | |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
| P O BOX 15154 | P O BOX 15154 |
| BROOKSVILLE FL | BROOKSVILLE FL |
| 34609 | 34609 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 11303 REDGATE ST. | 11303 REDGATE ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------|---------|--------------|---------|----------------------------------|--|
| City & State | FL | City & State | FL | 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| SPRING HILL | | SPRING HILL | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 34609 | | 34609 | | | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| CHAN CAROL 11210 SPRING HILL DR SPRING HILL FL 34609 US | Name NOBLE JAMES T Street Address (P.O. Box Number is Not Acceptable) 13171 SPRING HILL DR. City SPRING HILL FL Zip Code 34609 |

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 JAMES NOBLE | 01/25/2001 |
| Signature, typed or printed name of registered agent and title if applicable. | DATE |

(NOTE: Registered Agent signature required when reinstalling)

| | | | |
|-------------------------------------|---|--|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | TD <input type="checkbox"/> Delete | TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAN CAROL | NAME | FELLER SANDRA |
| STREET ADDRESS | 13171 SPRING HILL DR | STREET ADDRESS | 13171 SPRING HILL DR |
| CITY-ST-ZIP | SPRING HILL FL 34609 | CITY-ST-ZIP | SPRING HILL FL 34609 |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOBLE JAMES | NAME | ADAMO JOSEPH |
| STREET ADDRESS | 13171 SPRING HILL DR | STREET ADDRESS | 11303 REDGATE ST |
| CITY-ST-ZIP | SPRING HILL FL 34609 | CITY-ST-ZIP | SPRING HILL FL 34609 |
| TITLE | VSD <input type="checkbox"/> Delete | TITLE | VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMO JOSEPH | NAME | ADAMO JOHN |
| STREET ADDRESS | 4307 NW 1ST TERR | STREET ADDRESS | 4307 NW 1ST TERR |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | CITY-ST-ZIP | POMPANO BEACH FL 33064 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(f), 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: Joseph Adamo | PD | 01/25/2001 |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)