## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 01, 2001 8:00 am Secretary of State DOCUMENT # N0000006164 1. Entity Name 04-10-2001 90044 048 \*\*\*\*61.25 JUDICIAL RESPONSIBILITY, INC. Principal Place of Business Mailing Address 1279-G REDWOOD LANE 1279-G REDWOOD LANE **GULF BREEZE FL 32561 GULF BREEZE FL 32561** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3671390 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32563 32*56* 3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIS, PAUL C Street Address (P.O. Box Number is Not Acceptable) 1279-G REDWOOD LANE **GULF BREEZE FL 32561** City Zip Code FL 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 \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition DP NAME Paul C. Willis 1279-G Redwood Lane 1279-Fla., 32563 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition Ocie C. Mills NAME MAME 9617 Swan Lake Road Alborn, MN., 55702 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Charles deCaro ☐ Delete ☐ Change ☐ Addition NAME 1350 Beverly Rd. NAME STREET ADDRESS McLean, VA., 22101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplier fental 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.

REOPHIES Willis

SIGNATURE:

850.932.1589

July 22, 2001

**FILED** 

-tach her 524552 Date 5 April 2001 of State Pay to the Order of **Dollars** SunTrust Bank, Northwest Florida For Dat NOWOUCCELLY 406320609040171711062590# ,'000<u>0000</u>61 Ļ., دل... 9458-462 19/21/79 This 2001 Report MAS Alteraly
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