

9/3/02

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90113 003 \*\*\*\*61.25

42718

DO NOT WRITE IN THIS SPACE

**DOCUMENT # N01000004385**

1. Entity Name

**THE JOURNAL OF PHILOSOPHY, SCIENCE & LAW, INC.**

Principal Place of Business

9810 WEATHERVANE MANOR  
PLANTATION FL 33324

Mailing Address

9810 WEATHERVANE MANOR  
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

ATLANTA GA

4. FEI Number

65-1119487

Applied For

Not Applicable

Zip

Country

Zip

Country

30324

USA

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BORENSTEIN, JASON  
9810 WEATHERVANE MANOR  
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02

Date

(404) 734-6018

Daytime Phone #

CR2E037 (4/02)