2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004632

Entity Name: JUSTICE FOR ALL, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SUITE 214	COLONIAL W , FL 32803	DRIVE		1510 EAST SUITE 304 ORLANDO	COLONIAL , FL 32803	DRIVE
Current Mailing Address:				New Mailing Address:		
SUITE 214	COLONIAL W , FL 32803	DRIVE		1510 EAST SUITE 304 ORLANDO	COLONIAL , FL 32803	DRIVE
FEI Number:	59-3593555	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:
	ÓN DRIVE , FL 32835	US				
The above in the State		y submits this statement for the pu	rpose o	t changing it	s registered	office or registered agent, or both,
SIGNATUR	RE:					
	Electr	onic Signature of Registered Agen	ıt			Date
OFFICERS	AND DIRE	CTORS:		ADDITION	S/CHANGES	S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DV ANDARGE, F 315 ALSTON ORLANDO, F	DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DC ANDARGE, H 315 ALSTON ORLANDO, F	DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ENGLISH, TII 11933 SAND	() Delete MOTHY W GATE DRIVE ND, OH 44026		Title: Name: Address: City-St-Zip:	DV (X ENGLISH, TIM 11933 SANDO CHESTERLAN	SATE DRIVE
Title: Name: Address: City-St-Zip:	D ATLAW, FES 2556 CEDAR SAN JOSE, C	ADE COURT		Title: Name: Address: City-St-Zip:	DPR (X ATLAW, FESS 2556 CEDARA SAN JOSE, CA	ADE COURT
Title: Name: Address: City-St-Zip:	DEMEKE, TS 325 DARTMO	() Delete SEHAY DUTH AVENUE, #H-1 RE, PA 19081		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	DP (SMITH, THOM 3769 EVERHO CLERMONTE	DLT ST

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FOZIA ANDARGE DV 04/30/2002

TWILA SMITH - PROGRAM DIRECTOR 3769 EVERHOLT ST CLERMONTE, FL 34711