## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000004632

Entity Name: JUSTICE FOR ALL, INC.

FILED Aug 22, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
1510 EAST COLONIAL DRIVE SUITE 304 ORLANDO, FL 32803				1510 EAST COLONIAL DRIVE SUITE 210	
				ORLANDO, FL 32803	
Current Mailing Address:				New Mailing Address:	
1510 EAST COLONIAL DRIVE SUITE 304 ORLANDO, FL 32803			1510 EAST COLONIAL DRIVE SUITE 210 ORLANDO, FL 32803		
FEI Number:	59-3593555	FEI Number Applied For ( )	FEI Nur	mber Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:		Name and Address o	f New Registered Agent:
ANDARGE 315 ALSTC ORLANDO		US			
The above in the State		submits this statement for the pu	irpose d	of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ager	nt		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DV ( ANDARGE, FO 315 ALSTON I ORLANDO, FL	DRIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DC ( ANDARGE, HA 315 ALSTON I ORLANDO, FL	DRIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DV ( ENGLISH, TIM 11933 SANDG CHESTERLAN	ATE DRIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DPR ( ATLAW, FESS 2556 CEDARA SAN JOSE, CA	DE COURT		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DEMEKE, TSE	JTH AVENUE, #H-1		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DP ( SMITH, THOM, 3769 EVERHO CLERMONTE,	DLT ST		Title: Name: Address: City-St-Zip:	() Change () Addition

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 M. ANDARGE DC 08/22/2003