

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043054

1. Entity Name

Western Judicial Services, Inc.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90130 036 ***150.00

Principal Place of Business Mailing Address
9319 N.W. 14th Place 9319 N.W. 14th Place
Gainesville, FL 32606 Gainesville, FL 32606

2. Principal Place of Business 3. Mailing Address

City, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

Lois Rudloff
1420 Lee Avenue
Tallahassee, FL 32303

4. FEI Number **59-3443592** Applied For
Not Applied

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

7. Name and Address of New Registered Agent

Name **Lois Rudloff**
Street Address (P.O. Box Number is Not Acceptable)
7207 Stonebrook Drive
City **Sanford,** FL Zip Code **32773**

3. The above named entity submits this statement for the purposes of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Lois Rudloff* 4/21/01
Signature, name or printed name of registered agent or officer or director

9. This corporation is eligible to qualify its filable
Tax filing requirement and claims to deduct
(See chart on back) ☒ **FILE NOW! FEE IS \$165.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TIME		☐ Change	TIME		☒ Change ☐ Addition
NAME	P/T/D William V. Milliken		NAME	P/T/D/CEO William V. Milliken	
STREET ADDRESS	9319 N.W. 14th Place		STREET ADDRESS	9319 N.W. 14th Place	
CITY-STATE-ZIP	Gainesville, FL 32606		CITY-STATE-ZIP	Gainesville, FL 32606	
TIME		☐ Change	TIME	V/S/D Lois Rudloff	☒ Change ☐ Addition
NAME	V/S/D Lois Rudloff		NAME	Lois Rudloff	
STREET ADDRESS	1420 Lee Avenue		STREET ADDRESS	7207 Stonebrook Drive	
CITY-STATE-ZIP	Tallahassee, FL 32303		CITY-STATE-ZIP	Sanford, FL 32773	
TIME		☐ Change	TIME	D Erika Lewis	☐ Change ☒ Addition
NAME			NAME	Erika Lewis	
STREET ADDRESS			STREET ADDRESS	8001 N. Dale Mabry, Suite 801C	
CITY-STATE-ZIP			CITY-STATE-ZIP	Tampa, FL 33614	
TIME		☐ Change	TIME	D Teresa Perez	☐ Change ☒ Addition
NAME			NAME	Teresa Perez	
STREET ADDRESS			STREET ADDRESS	274 Wilshire Blvd., Suite 253	
CITY-STATE-ZIP			CITY-STATE-ZIP	Casselberry, FL 32707	
TIME		☐ Change	TIME		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included on this report or supplemental reports 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/creditor to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the employees.

SIGNATURE: *Lois Rudloff* **LOIS RUDLOFF** 4/21/01 407.324.2758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

05-2004 (11/00)