FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90579 018 ***150.00

DOCUMENT # P00000043054

1. Entity Name
WESTERN JUDICIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25 Riverview Lane	25 Riverview Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa Beach, Florida	City & State: Cocoa Beach, Florida
Zip: 32931 Country: USA	Zip: 32931 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3443592 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Lois Colonel
Street Address (P.O. Box Number is Not Acceptable): 25 Riverview Lane
City: Cocoa Beach FL Zip Code: 32931

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: Lois Colonel — Lois Colonel, Vice President, Secretary — April 11, 2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P / T / D / CEO
NAME	William V. Milliken
STREET ADDRESS	9319 N.W. 14th Place
CITY-ST-ZIP	Gainesville, FL 32606
TITLE	V / S / D
NAME	Lois Colonel
STREET ADDRESS	25 Riverview Lane
CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	D
NAME	Erika Lewis
STREET ADDRESS	8001 N. Dale Mabry, Suite 801C
CITY-ST-ZIP	Tampa, FL 33614
TITLE	
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CR2E034B (12/01)

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois Colonel — Lois Colonel — April 11, 2002 — 321.868.4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #