FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90098 028 ***150.00

DOCUMENT # P02000072199

1. Entity Name

JUDICIAL CALENDAR.com, Ink.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1243 Seabreeze Blvd.	1243 Seabreeze Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Fort Lauderdale	Fort Lauderdale
City & State: Florida	City & State: Florida
Zip: 33316 Country: USA	Zip: 33316 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1031448 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert L. Spector, Esquire

Street Address (P.O. Box Number is Not Acceptable): 1243 Seabreeze Blvd.

City: Fort Lauderdale FL Zip Code: 33316

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 _____
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/D NAME: Mitchell D. Chester STREET ADDRESS: 10391 SW 16 Place CITY-ST-ZIP: Davie, FL 33324	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V/D NAME: Joni LoRusso STREET ADDRESS: 10451 W. Broward Blvd. Apt. 205 CITY-ST-ZIP: Plantation, FL 33324	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S/T/D NAME: Ellen J. Spector STREET ADDRESS: 1243 Seabreeze Blvd. CITY-ST-ZIP: Fort Lauderdale, FL 33316	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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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: Mitchell D. Chester Mitchell D. Chester April 29, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

954-764-2709
Daytime Telephone Number