## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P94000030436 JUDGE ENTERPRISES, INC. 01-23-2001 90018 008 \*\*\*150 00 Principal Place of Business Mailing Address 801 DOUGLAS AVE. 801 DOUGLAS AVE. SUITE 107 SUITE 107 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3239893 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUDGE, RUSSELL F Street Address (P.O. Box Number is Not Acceptable) 770-100 OAKLAND HILLS CIR LAKE MARY FL 32746 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Change ☐ Addition ☐ Delete TITLE JUDGE, RUSSELL F NAME NAME 770-100 OAKLAND HILLS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE MARY FL 32746 ☐ Addition TITLE ☐ Delete TITLE Change JUDGE, THOMAS H. NAME NAME 168 FRANKLIN CORNER RD STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAWRENCEVILLE NJ 08648 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

RUSSELL F. JUSGE

SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR