

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90200 035 \*\*\*150.00

**DOCUMENT # P94000030436**

**1. Entity Name**  
**JUDGE ENTERPRISES, INC.**



**Principal Place of Business**  
**801 DOUGLAS AVE.**  
**SUITE 107**  
**ALTAMONTE SPRINGS FL 32714**  
**US**

**Mailing Address**  
**801 DOUGLAS AVE.**  
**SUITE 107**  
**ALTAMONTE SPRINGS FL 32714**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3239893**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JUDGE, RUSSELL F**  
**770-100 OAKLAND HILLS CIR**  
**LAKE MARY FL 32746**

Name

Street Address (P.O. Box Number is Not Acceptable)

**553 PICKFAIR TERR**

City

**LAKE MARY**

FL

Zip Code

**32746**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/17/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **JUDGE, RUSSELL F**  
STREET ADDRESS **770-100 OAKLAND HILLS CIR**  
CITY - ST - ZIP **LAKE MARY FL 32746**

TITLE ☒ Change ☐ Addition  
NAME **JUDGE, RUSSELL F**  
STREET ADDRESS **553 PICKFAIR TERR**  
CITY - ST - ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Delete  
NAME **JUDGE, THOMAS H.**  
STREET ADDRESS **168 FRANKLIN CORNER RD STE 200**  
CITY - ST - ZIP **LAWRENCEVILLE NJ 08648**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/03**

Date

**407-788-1770**

Daytime Phone #

CR2E034 (10/02)