

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000036128**

1. Entity Name  
**JUDICIAL ALTERNATIVES, INC.**



Principal Place of Business  
**861 W. MORSE BLVD  
SUITE 100  
WINTER PARK FL 32789  
US**

Mailing Address  
**P.O. BOX 1809  
WINTER PARK FL 32790**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

04-16-2003 90203 045 \*\*\*150.00

**FILED  
Apr 16, 2003 8:00 am  
Secretary of State**



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3244115</b>	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**RUTLEDGE, DUANE  
861 W MORSE BLVD  
STE 100  
WINTER PARK FL 32789**

Name **DIANA RUTLEDGE**

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

**861 W. MORSE BLVD #100**

City **WINTER PARK**

FL **32789**

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 *DIANA M. RUTLEDGE* **DIANA M. RUTLEDGE**

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

(NOTE: Registered Agent signature required when reinstating)

**4/12/2003**

DATE

**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**

**TITLE: PSTD  
NAME: RUTLEDGE, DIANA  
STREET ADDRESS: 861 W. MORSE BLVD #100  
CITY-ST-ZIP: WINTER PARK FL 32789**

Delete

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

Change  Addition

**TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete**

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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

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:**

*DIANA M. RUTLEDGE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/2003 407-645-0221**

Date

Daytime Phone #

CR2E034 (10/02)