

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000085512**

1. Entity Name

JUDGMENT RESOLUTION CORP.**FILED****Mar 20, 2000 8:00 am**
Secretary of State

03-20-2000 90147 032 ***150.00

Principal Place of Business

**13577 FEATHER SOUND DR., STE. 300
CLEARWATER FL 33762**

Mailing Address

**13577 FEATHER SOUND DR., STE. 300
CLEARWATER FL 33762-5547**

2. Principal Place of Business

2903 Rigsby Lane

3. Mailing Address

2903 Rigsby Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

59-3480439

Applied For

Not Applicable

Zip

34695

Country

USA

Zip

34695

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FORLIZZO, ROBERT A
13577 FEATHER SOUND DR., STE. 300
CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name **Robert A. Forlizzo**

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

2903 Rigsby Lane

City

Safety Harbor,**FL**

Zip Code

34695

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)

2/7/00

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
BOGART, RONALD J
23 LONG VALLEY RD. L46 6K8
AUROLA ONTARIO CA L46 6K8**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/00

Date

905-727-5467

Daytime Phone #