FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

| DOCUMENT # P990000 55 718 | |
|----------------------------|----|
| The Florida Institute of | \/ |
| Criminal Justice Resources | |
| | |

| 1. Entity Name | | | 05-27-2002 90432 031 ***150.00 | | | |
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| The Florida Ins Criminal Justice | titute of | | | | | |
| Criminal Justice | Resources | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 2. Principal Place of Business 3 7 30 Sutor Ct. | 3. Mailing Address | 3. Mailing Address | | <u>.</u> | | |
| Suite, Apt. #, etc. | 3 7 30 Sutor C+. Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | ACE | |
| City & State Toll has see Florida | City & State | City & State | | 4. FEI Number | | |
| Tallahassee, Florida Zip Zip Zip Country V. S. A. | Zip 3 3 // | Zip Country | | Certificate of Status Desired \$8 | Not Applicable 3.75 Additional Required | |
| | 1 3 3 3 7 . | | | ame and Address of Current Registered A | | |
| DO NOT W | /DITE | Name D / | 1x | A. JORDAN | | |
| DO NOT W | | | | (P.O. Box Number is Not Acceptable) | | |
| IN THIS SPACE | | | 30 Sutar Court | | | |
| | | City .— | 30 Sutor Court 11ahassee FL Zip Code 3.73/1 | | | |
| 8. The above named entity submits this statement f | or the purpose of changing its re | edistered office or real | stered ac | nent or both in the State of Florida | 3,23// | |
| SIGNATURE Signature, typed or printed perhe of registered agen | / | | | | 62 | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and efects to do so. (See criteria on back) | 1 | | | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND | DIRECTORS | | | | | |
| TITLE NAME | | TITLE F | 18516 16 × | Sordan , | 1 6 | |
| STREET ADDRESS | | STREET ADDRESS 3' | | ax Jordan 730 sutor court alla hassee, Fl. 32301 | | |
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| NAME STREET ADDRESS | NAME STREET ADDRESS | | | | ļ | |
| CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | | | |
| 13. I hereby certify that the information supplied with indicated on this report or supplemental report is | this filing does not qualify for the true and accurate and that my | e exemption stated in signature shall have the | Section 1 | 19.07(3)(i), Florida Statutes. I further certify t | hat the information | |

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.

| SIC | M. | AΤΙ | IDE |
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