## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2002 8:00 am § Secretary of State S70971 DOCUMENT # 1. Entity Name 04-30-2002 90054 018 \*\*\*150.00 JUSTICE SYSTEMS, INC. Principal Place of Business Mailing Address P.O. BOX 1809 861 W MORSE BLVD 100 WINTER PARK FL 32790 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3078971 Not Applicable Zip Country 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 Name RUTLEDGE, DIANA Street Address (P.O. Box Number is Not Acceptable) 861 W. MORSE BĽVD SUITE 100 WINTER PARK FL 32789 Zip Code FL 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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ÷ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -This corporation is engine to control to the filling requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees CR2E034 (9/01)公约公司 Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE ☐ Change NAME Johnson, anthony H. NAME 861 W MORSE BLVD #100 STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition NAME rutledge, diana STREET ADDRESS STREET ADDRESS 861-W MORSE BLVD #100 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete TITI F ☐ Change ☐ Addition 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 TITLE 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

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changed, or on an attachment with an address, with all other like empowered

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 eath; 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