

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91551 034 ****61.25

DOCUMENT # N99000003186

1. Entity Name

JOYFUL RELEASE, INC.

Principal Place of Business

**416 N W 1ST AVENUE
 BOYNTON BEACH FL 33435**

Mailing Address

**416 N W 1ST AVENUE
 BOYNTON BEACH FL 33435**

C0068367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5505 N. OCEAN BLVD.

3. Mailing Address

5505 N. OCEAN BLVD.

Suite, Apt. #, etc.

#2-202

Suite, Apt. #, etc.

#2-202

City & State

OCEAN RIDGE FLA.

City & State

OCEAN RIDGE FLA.

4. FEI Number

65-0981947

Applied For

Not Applicable

Zip

33435

Country

U.S.A.

Zip

33435

Country

U.S.A.

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, JAMES W
 416 N W 1ST AVENUE
 BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name
GRAHAM JAMES W.

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

**5505 N. OCEAN BLVD.
 #2-202**

City

OCEAN RIDGE, FLA. FL 33435

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)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **GRAHAM, JAMES W**
 STREET ADDRESS **416 N W 1ST AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **P** Change Addition
 NAME **GRAHAM, JAMES W,**
 STREET ADDRESS **5505 N. OCEAN BLVD, #2-202**
 CITY-ST-ZIP **OCEAN RIDGE FLA. 33435**

TITLE **STD** Delete
 NAME **GRAHAM, LUCY G**
 STREET ADDRESS **416 N W 1ST AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **STD** Change Addition
 NAME **GRAHAM, Lucy G.**
 STREET ADDRESS **5505 N. OCEAN BLVD. #2-202**
 CITY-ST-ZIP **OCEAN RIDGE, FLA. 33435**

TITLE **D** Delete
 NAME **GIDDENS, TORY S**
 STREET ADDRESS **218 S W 7TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** Change Addition
 NAME **GIDDENS, TROY S.**
 STREET ADDRESS **218 SW. 7th AVE.**
 CITY-ST-ZIP **Boynton Beach, FLA. 33435**

TITLE **D** Delete
 NAME **VICK, JAMES H**
 STREET ADDRESS **7070 PERKE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **OCCHIPINTI, FRED J**
 STREET ADDRESS **1310 N. NTH STREET**
 CITY-ST-ZIP **BOYNTON BEACH FL 33460-1950**

TITLE **D** Change Addition
 NAME **OCCHIPINTI, FRED J**
 STREET ADDRESS **1310 N. N. STREET**
 CITY-ST-ZIP **LAKE WORTH, FLA. 33460-1950**

TITLE Delete
 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 617, 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: *James W. Graham* **REC. JAMES W. GRAHAM** **MAY 15, 01** **(561-732-7777)**

CR2E037 (10/00)