

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90092 001 \*\*\*511.25

DOCUMENT # 001000063333  
1. Entity Name  
Joy Way, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>Joy-Way, Inc.</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>210 Palmetto Rd.</u>		Suite, Apt. #, etc.	
City & State <u>Wauchula, FL</u>		City & State <u>Wauchula, FL</u>	
Zip <u>33852</u>	Country <u>USA</u>	Zip <u>33852</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Rose Horner  
Street Address (P.O. Box Number is Not Acceptable)  
840 S. Swinton Avenue  
Delray Beach, FL  
City Delray Bch, FL Zip Code 33444

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 Rose Horner DATE 5-03-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax-filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<u>P</u> <u>Rose Horner</u> <u>840 S. Swinton Avenue</u> <u>Delray Beach, FL 33444</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Adinaj Horner</u> <u>840 S. Swinton Avenue</u> <u>Delray Beach, FL 33444</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Rose Horner DATE 5-03-02 (561) Daytime Phone # 279-2099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR