

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.O. 1000063333

1. Entity Name Joyway Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 18 PM 12:44

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1155 St. Rd. 17

3. Mailing Address

Suite, Apt. #, etc.
Bartow, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

POLK

33830

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Rose Horner

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

1155 St. Rd. 17

City Bartow,

FL

Zip Code 33830

**DO NOT WRITE
IN THIS SPACE**

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

(Rose) Horner Changing Address 9-19-2003

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

P Rose Horner
1155 (St. Rd.) / Hwy. 17
Bartow, FL 33870

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

400023302374
09/24/03--01018--024 **1511.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

✓ Adi Horner
1155 (St. Rd.) / Hwy. 17
Bartow, FL 33870

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T Franklin Horner
1155 (St. Rd.) / Hwy. 17
Bartow, FL 33870

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rose Horner 9-19-2003 (Not yet)

CR2E034B (12/01)