

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000090241

1. Entity Name

JOY ENTERPRISES INC.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90500 050 \*\*\*150.00

034422

Principal Place of Business

205 SO. HOOVER STREET  
SUITE 400  
TAMPA FL 33609  
US

Mailing Address

205 SO. HOOVER STREET  
SUITE 400  
TAMPA FL 33609  
US

D0023851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number 59-3284294

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, J. STYLES ESQ.  
205 S. HOOVER ST., #400  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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  
PTD  
HUGHEY, L.M.  
205 S. HOOVER STREET, SUITE 400  
TAMPA FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
CARTER, SHIRLEY  
205 S. HOOVER STREET, SUITE 400  
TAMPA FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
THATCHER, CAROLYN  
205 S HOOVER ST #400  
TAMPA FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
FARMER, JD  
205 S HOOVER ST #400  
TAMPA FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
BROWNE, JD  
205 S HOOVER ST #400  
TAMPA FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
THATCHER, CAROLYN  
205 S HOOVER ST, SUITE 400  
TAMPA FL 33609 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 Block 12 if changed, 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 #

CR2E034 (10/00)

813 286 2323

1-4-01