

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055663

1. Entity Name

JOYCOL ELECTRONICS, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90234 044 ***150.00

Principal Place of Business

3085 JUPITER BLVD., SE
#9
PALM BAY FL 32909

Mailing Address

1554 NONA STREET NE
PALM BAY FL 32907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number 59-3555177

Applied For

No: Application

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'MEALLY, COLIN
1554 NONA STREET NE
PALM BAY FL 32907

Name

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

City

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT O'MEALLY, COLIN 1554 NONA STREET NE PALM BAY FL 32907	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V O'MEALLY, JOYCE 1554 NONA STREET NE PALM BAY FL 32907	☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-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

COLIN O'MEALLY

04/21/01 321 674 2232

Date

Day and Phone

CR2E034 (10/00)