

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90022 031 \*\*\*150.00

**DOCUMENT # 399348**

1. Entity Name

**JOYCE TELELECTRONICS CORPORATION**

Principal Place of Business

2049 RANGE RD.  
CLEARWATER FL 34625

Mailing Address

2049 RANGE RD.  
CLEARWATER FL 34625-33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **55-0478741**

Applied For

Not Applicable

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

JOYCE, JOHN P  
13 SUMMIT LANE  
SAFETY HARBOR FL 34695

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **JOYCE, JOHN P**  
STREET ADDRESS **13 SUMMIT LANE**  
CITY-ST-ZIP **SAFETY HARBOR FL**

☐ Delete

TITLE **V**  
NAME **JOYCE, MICHAEL J**  
STREET ADDRESS **13 SUMMIT LANE**  
CITY-ST-ZIP **SAFETY HARBOR FL**

☐ Delete

TITLE **S**  
NAME **JOYCE, PENNY L**  
STREET ADDRESS **13 SUMMIT LANE**  
CITY-ST-ZIP **SAFETY HARBOR FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **3627 HOLLOW TRAIL CT  
PALM HARBOR, FL 34684**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **3690 CHATHAM DR  
PALM HARBOR FL 34684**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **3627 HOLLOW TRAIL CT  
PALM HARBOR, FL 34684**

☒ Change ☐ Addition

TITLE **V-P**  
NAME **CHRISTOPHER S. JOYCE**  
STREET ADDRESS **4985 N. EAGLE CIRCLE**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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)