FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90263 044 ***150.00

DOCUMENT # 399348

1. Entity Name
JOYCE TELECTRONICS CORP.

DO NOT WRITE IN THIS SPACE

94076157

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2. Principal Place of Business	3. Mailing Address
2049 RANGE RD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CLEARWATER, FL.	
Zip: 33765 Country: PINELLAS, USA	Zip: Country:

4. FEI Number: 55-0478741 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: PENNY L JOYCE

Street Address (P.O. Box Number is Not Acceptable): 3627 HOLLOW TRAIL CT

City: PALM HARBOR FL Zip Code: 34684

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: PENNY L JOYCE Penny L Joyce 4-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: PENNY L JOYCE STREET ADDRESS: 3627 HOLLOW TRAIL CT CITY-ST-ZIP: PALM HARBOR, FL 34684	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VICE PRESIDENT NAME: MICHAEL JOYCE STREET ADDRESS: 265 FORCROFT DRW CITY-ST-ZIP: PALM HARBOR, FL 34683	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VICE PRESIDENT NAME: CHRISTOPHER JOYCE STREET ADDRESS: 4985 EAGLE COVE DR CITY-ST-ZIP: PALM HARBOR, FL 34685	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: SECRETARY-TREASURER NAME: JOHN PETER JOYCE STREET ADDRESS: 3627 HOLLOW TRAIL CT CITY-ST-ZIP: PALM HARBOR, FL 34684	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: PENNY L JOYCE Penny L Joyce 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #