

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90208 007 \*\*\*150.00

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**DOCUMENT # 633132**

1. Entity Name  
**BILLJOY, INCORPORATED**



Principal Place of Business  
**4556 TAMiami TRAIL N.  
NAPLES FL 34103  
US**

Mailing Address  
**4556 TAMiami TRAIL N.  
NAPLES FL 33940**

2. Principal Place of Business

3. Mailing Address

**4556 Tamiami TR. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NAPLES, FL**

4. FEI Number

**59-1931204**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34103-3000**

**USA**

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

**KELLY D. MACDONALD  
4556 TAMiami TRAIL N.  
NAPLES FL 34103**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	MACDONALD, KELLY	
STREET ADDRESS	175 2ND STREET, TRAIL ACRES	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACDONALD, CATHLEEN	
STREET ADDRESS	148 2ND STREET, TRAIL ACRES	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	MACDONALD, KELLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		175 2ND ST.	
STREET ADDRESS		NAPLES, FL	
CITY-ST-ZIP		(NEW ZIP CODE) 34113-8550	
TITLE	VD	MACDONALD, CATHLEEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		148 2ND ST.	
STREET ADDRESS		NAPLES, FL	
CITY-ST-ZIP		(NEW ZIP CODE) 34113-8550	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIG Kelly D. MacDonal**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kelly MacDonal** 4/2/03

Date

Daytime Phone #

239-732-5113  
239-263-2924

CR2E034 (10/02)