FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

04-23-2002 90426 027 ***150.00
K55319

FILED

02 MAY -8 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55319

1. Entity Name
NANCY JOYCE INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
16840 US 19 N Suite, Apt. #, etc.	16840 US 19 N Suite, Apt. #, etc.
City & State: Hudson FL	City & State: Hudson FL
Zip: 34667 Country: PASCO	Zip: 34667 Country: PASCO

4. FEI Number: 59-2938715 ☐ 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: RAJU, RG

Street Address (P.O. Box Number is Not Acceptable): 8910 N DALE MABRY

SUITE 38

City: TAMPA FL Zip Code: 33614

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: R.G. Raju 4-10-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Louis C. Dieter	NAME	
STREET ADDRESS	9771 Lakeview DR.	STREET ADDRESS	
CITY-ST-ZIP	New Port Richey, Fl. 34654	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Nancy J. Dieter	NAME	
STREET ADDRESS	9771 Lakeview DR.	STREET ADDRESS	
CITY-ST-ZIP	New Port Richey, Fl. 34654	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Keith A. Dieter	NAME	
STREET ADDRESS	16840 US-19	STREET ADDRESS	
CITY-ST-ZIP	Hudson, Fl. 34667	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Donald McKay	NAME	
STREET ADDRESS	9086 Jena Rd.	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill, Fl. 34608	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Louis C. Dieter 4-10-02 727-869-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #