

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-04-2003 90154 031 ***150.00

DOCUMENT # K55319

1. Entity Name
NANCY JOYCE, INC.



Principal Place of Business
**16840 U.S. 19 NORTH
HUDSON FL 34667**

Mailing Address
**16840 U.S. 19 NORTH
HUDSON FL 34667**

33031301



2. Principal Place of Business

3. Mailing Address

9771 LAKEVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NEWPORT RICHY

City & State

City & State

FL 34654

4. FEI Number **59-2938715**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAJU, R. G
8910 N. DALE MABRY, STE. 38
TAMPA FL 33614**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **P** ☐ Delete
NAME **DIETER, LOUIS C**
STREET ADDRESS **9771 LAKEVIEW DRIVE**
CITY-ST-ZIP **NEWPORT RICHEY FL 34654**

TITLE **VP** ☐ Delete
NAME **DIETER, NANCY J**
STREET ADDRESS **9771 LAKEVIEW DRIVE**
CITY-ST-ZIP **NEWPORT RICHEY FL 34654**

TITLE **T** ☒ Delete
NAME **DIETER, KEITH A**
STREET ADDRESS **16840 U.S. 19 NORTH**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **S** ☒ Delete
NAME **MCKAY, DONALD**
STREET ADDRESS **9086 JENA ROAD**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03 727 869-1303

Date

Daytime Phone #

CR2E004 (4/03)

Attachment

R.G. RAJU

Certified Public Accountant

55054501

#K55319

August 18, 2003

Florida Department of State
Division of Corporation
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, FL 32302-1500

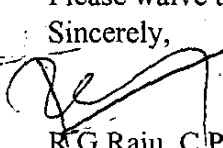
- 1RE: 1)Nancy Joyce, Inc
2)Change of Mailing Address
3)Waiving the Penalty

Dear Sir/Madam:

This is to inform you that my client did not receive the first notice as their corporate head quarters moved to different location. The new address is written in the enclosed 'UBR'

Please waive the penalty of \$400.00.

Sincerely,


R.G. Raju, C.P.A.

Copy to: Nancy Joyce Inc

Encl: 2