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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9771 LAKEVIEW DR Suite, Apt. #, etc.
City & State	NEWPORT RICHEY City & State FL 34654
Zip / Country	Zip / Country

4. FEI Number 59-2938715 ☐ 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
RAJU, R G 8910 N. DALE MABRY, STE. 38 TAMPA FL 33814	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIETER, LOUIS C 9771 LAKEVIEW DRIVE NEW PORT RICHEY FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIETER, NANCY J 9771 LAKEVIEW DRIVE NEW PORT RICHEY FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIETER, KEITH A 16840 U.S. 19 NORTH HUDSON FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCKAY, DONALD 9086 JENA ROAD SPRING HILL FL 34608	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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: JENNIFER KOLB 7/28/03 727 869-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

550545e1

#K55319

R.G. RAJU

Certified Public Accountant

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

8910 N. Dale Mabry • Suite 38 • Tampa, Florida 33614
Office: (813) 931-RAJU • Fax (813) 931-5555