

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004438

1. Entity Name

JOY, INC.

Principal Place of Business

182 WHEATLY ST.  
ORLANDO FL 32811

Mailing Address

P.O. BOX 618306  
ORLANDO FL 32861

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

69-3728599

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

FUDGE, LAURETHA B  
4482 WHEATLY ST.  
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE NAME STREET ADDRESS CITY-ST-ZIP	PO FUDGE, LAURETHA B 4482 WHEATLY ST. ORLANDO FL 32811	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, JONETTE 4494 WHEATLY ST. ORLANDO FL 32811	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAHAM, LATARA 5920 SILVER STAR RD. ORLANDO FL 32808	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, LATONYA 985 S. KIRKMAN RD., APT. # 4 ORLANDO FL 32811	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

(407) 425-8224

Daytime Phone #

CR2E037 (9/01)