

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008558

1. Entity Name

JOYWA, INC.

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90134 003 ****66.25

Principal Place of Business

7377 HIGH LAKE DRIVE
ORLANDO FL 32818

Mailing Address

7377 HIGH LAKE DRIVE
ORLANDO FL 32818

00110040

2. Principal Place of Business

3. Mailing Address

JOYWA INC.

Suite, Apt. #, etc.

P.O. Box 12088

City & State

FT. PIERCE FL.

Zip

34979

Country

4. FEI Number

02-0532186

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, BEATRICE
7377 HIGH LAKE DRIVE
ORLANDO FL 32818

7. Name and Address of New Registered Agent

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONNOLLY, THERESA 7377 HIGH LAKE DRIVE ORLANDO FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E.D. LENNOX WHITE 49 WHITEHALL Ave. KINGSTON J.A.W.I	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, BEATRICE 7377 HIGH LAKE DRIVE ORLANDO FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.V.R. EVA ROSCHEN 4404 GATOR TRACE LN. FT. PIERCE FL. 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, OSWALD SPRING VILLAGE BUSHY PARK PO ST CATHERINE JAMAICA W INDIE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.D. MILLENT SHANTIL 49 WHITEHALL Ave. KINGSTON J.A.W.I	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINDS, CLIVE GORDON TOWN ST ANDREW JAMAICA W. INDIES	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. EDMUND ANTONY FORDE 31 CHURCHFIELD RD. BECKENHAM LONDON BR3 4AA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. RALPH H. FLOWER SAN DIEGO AVE FT. PIERCE FL. 34	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE 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

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 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

RECEIVED THERESA CONNOLLY

Date

10-27-02

CR2E037 (9/01)