

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90011 011 \*\*\*\*75.00

DOCUMENT # *N01000008558*

1. Entity Name

*JOYWA INC.*

**DO NOT WRITE IN THIS SPACE**

**24075401**

2. Principal Place of Business

*1653 SE. Tuffany Cbl.*

3. Mailing Address

*P.O. Box 12088*

Suite, Apt., etc.

Suite, Apt., etc.

*BLD 3*

City & State

*PORT ST. LUCIE*

City & State

*Fort. Pierce FL*

Zip

Country

Zip

Country

*34952*

*U.S.*

*34979*

*U.S.*

4. FEI Number

*02-0532186*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*BEATRICE THOMPSON*

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

*7377 HIGH LAKE DRIVE*

City

*ORLANDO*

FL

Zip Code

*32818*

**DO NOT WRITE  
IN THIS SPACE**

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

*S. Connolly THERESA CONNOLLY*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-28-04*

FEE IS \$61.25

Initial or Amended UBR

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*P.T.D.  
RUTH CRICHLON  
1601 SE. NANCY LN.  
PORT ST. LUCIE FL 34983*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*V. CEO  
THERESA CONNOLLY  
1653 SE HOLIDAY RD.  
PORT ST. LUCIE FL 34952*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*SECOND V  
BEATRICE THOMPSON  
7377 HIGH LAKE DR.  
ORLANDO FL 32818*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*S. PR & D  
ICELYN McLEAN-GRAY  
961 FULTONWAY  
SEBASTIAN FL 32958*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*V. C.  
DONALD N. WATSON  
221 EAST. OSCEOLA ST.  
STUART FL 34948*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*D.  
OSWALD HENRY  
Spring Village Bushy Park P.O.  
ST. CATHRIN JAMAICA WEST INDIES*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE:

*S. Connolly THERESA CONNOLLY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-04*

Date:

*772-335-3326*

Daytime Phone #

CR2E037B (12/01)

Attachment

24075401

#

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CHIVE HANDS GORISON TOWN P.O. ST. ANDREWS JAMAICA West India	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: P. Connolly Theresa Connolly 4-28-04 772-335-3326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037B (12/01)