

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91551 034 ****61.25

DOCUMENT # N99000003186

1. Entity Name

JOYFUL RELEASE, INC.

Principal Place of Business

416 N W 1ST AVENUE
 BOYNTON BEACH FL 33435

Mailing Address

416 N W 1ST AVENUE
 BOYNTON BEACH FL 33435

C0068367

2. Principal Place of Business

5505 N. OCEAN BLVD.

3. Mailing Address

5505 N. OCEAN BLVD.

Suite, Apt. #, etc.

#2-202

Suite, Apt. #, etc.

#2-202

City & State

OCEAN RIDGE FLA.

City & State

OCEAN RIDGE FLA.

4. FEI Number

65-0981947

Applied For

Not Applicable

Zip

33435

Country

U.S.A.

Zip

33435

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, JAMES W
 416 N W 1ST AVENUE
 BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name
 GRAHAM JAMES W.

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

5505 N. OCEAN BLVD.

#2-202

City

OCEAN RIDGE, FLA. FL 33435

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAHAM, JAMES W	
STREET ADDRESS	416 N W 1ST AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRAHAM, LUCY G	
STREET ADDRESS	416 N W 1ST AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIDDENS, TORY S	
STREET ADDRESS	218 S W 7TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICK, JAMES H	
STREET ADDRESS	7070 PERKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	OCCHIPINTI, FRED J	
STREET ADDRESS	1310 N. NTH STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33460-1950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JAMES W.	
STREET ADDRESS	5505 N. OCEAN BLVD. #2-202	
CITY-ST-ZIP	OCEAN RIDGE FLA. 33435	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, LUCY G.	
STREET ADDRESS	5505 N. OCEAN BLVD. #2-202	
CITY-ST-ZIP	OCEAN RIDGE, FLA. 33435	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDDENS, TROY S.	
STREET ADDRESS	218 SW 7TH AVE.	
CITY-ST-ZIP	Boynton Beach, FLA. 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCCHIPINTI, FRED J	
STREET ADDRESS	1310 N. NTH STREET	
CITY-ST-ZIP	LAKE WORTH, FLA. 33460-1950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *James W. Graham* **REC. JAMES W. GRAHAM** **MAY 15, 01** **(561-732-7777)**

CR2E037 (10/00)