

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000007439**1. Entity Name
JOYFUL READER, INC.

| | |
|--|--|
| Principal Place of Business 19651 BRICE B, DOWNS BLVD C5 TAMPA FL 33647 | Mailing Address 19651 BRICE B, DOWNS BLVD C5 TAMPA FL 33647 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 19651 BRUCE B DOWNS BLVD | 3. Mailing Address 19651 BRUCE B DOWNS BLVD |
|--|--|

| | |
|---------------------------|---------------------------|
| Suite, Apt. #, etc. C5 | Suite, Apt. #, etc. C5 |
|---------------------------|---------------------------|

| | |
|--------------------------|--------------------------|
| City & State TAMPA FL | City & State TAMPA FL |
|--------------------------|--------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 33647 | Country | Zip 33647 | Country |
|--------------|---------|--------------|---------|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-3614991 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 6. Name and Address of Current Registered Agent GARDNER TWEED DAVID 10049 CYPRESS SHADOW AVE. TAMPA FL 33647 US | 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 reinstalling) | 04/30/2001 DATE |
|--|--------------------|

| | | |
|---|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | SD FOSTER GRETCHEN 9102 FOX CHASE CIRCLE TAMPA FL 33647 <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 | TD RIFFE KAREN 1714 TANGLEDVINE AVE WESLEY CHAPEL FL 33543 <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 | CD GARDNER TWEED DAVID 10049 CYPRESS SHADOW AVE TAMPA FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GARDNER TWEED DAVID 10049 CYPRESS SHADOW AVE TAMPA FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHURCHILL RICHARD 5215 HALSTEAD ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CHURCHILL RICHARD 5215 HALSTEAD ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Change <input 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 |
| 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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

| | | |
|------------------------|----|------------|
| SIGNATURE: KAREN RIFFE | TD | 04/30/2001 |
|------------------------|----|------------|

CR2E037 (11/00)