

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90105 034 ***158.75

DOCUMENT # P00000055577

1. Entity Name

JOYNER DEVELOPMENT GROUP, INC.



Principal Place of Business

3455 COASTAL HWY
SAINT AUGUSTINE FL 32084

Mailing Address

3455 COASTAL HWY
SAINT AUGUSTINE FL 32084

2. Principal Place of Business

900 S.R. 720, n.w

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

moore Haven, FL

City & State

moore Haven, FL

Zip

33471

Country

Blades

Zip

33471

Country

Blades

4. FEI Number

65-1023156

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WATKINS, CAROL L
2370 WATER PLANT ROAD
SAINT AUGUSTINE FL 32092

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOYNER, ROBERT
STREET ADDRESS 3455 COASTAL HWY
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

☐ Delete

TITLE STD
NAME WATKINS, CAROL L
STREET ADDRESS 2370 WATER PLANT RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 607, 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

1-21-03

Date

904-824-9157

Daytime Phone #

CR2E034 (10/02)