

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000066932**

1. Entity Name

House of Joy Care Facility, Inc.

Renewal ✓

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90035 030 ***150.00

Principal Place of Business

Mailing Address

536 Selina St
Pensacola, FL 32503

536 Selina St.
Pensacola, Fla 32503

000001

2. Principal Place of Business

3. Mailing Address

536 Selina St

536 Selina St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pens. Fla

City & State

Pensacola, Fla.

Zip

32503

Country

USA

Zip

32503

Country

USA

4. FEI Number

59-3669734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Joyce EVANS
8434 Old Spanish Trail Rd
Pensacola, Fla 32514

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 11, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Joyce Evans
8434 Old Spanish Trail
Pensacola, Fla 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment.

SIGNATURE: Joyce Evans President

4/15/01

850
476-3158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #