

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90069 005 \*\*\*150.00

**DOCUMENT # P01000039871**

**1. Entity Name**  
**JOYCE'S ART CENTER, INC.**

**Principal Place of Business**

**20025 GULF BLVD**  
**INDIAN SHORES FL 33785**

**Mailing Address**

**20025 GULF BLVD**  
**INDIAN SHORES FL 33785**

**2. Principal Place of Business**

**143 85 Walsingham Rd.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**8121 SW 45 LANE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**

**LARGO, Florida**

**City & State**

**GAINESVILLE, Florida**

**4. FEI Number**

**59-3713577**

**Applied For**

**Not Applicable**

**Zip**

**33774**

**Country**

**USA**

**Zip**

**32608**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WESTPHAL, STEVEN E**  
**20025 GULF BLVD**  
**INDIAN SHORES FL 33785**

**7. Name and Address of New Registered Agent**

**Name**

**Susan Shockley**

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

**8121 SW 45 LANE**

**City**

**GAINESVILLE**

**FL**

**Zip Code**

**32608**

**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 reappointing)

**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 1, 2002 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**

**TITLE** **D** ☐ Delete  
**NAME** **WESTPHAL, CURTIS II**  
**STREET ADDRESS** **7265 LUPINE ST**  
**CITY-ST-ZIP** **ARVADA CO 80007**

**TITLE** **D** ☐ Delete  
**NAME** **WESTPHAL, STEVEN E**  
**STREET ADDRESS** **20025 GULF BLVD**  
**CITY-ST-ZIP** **INDIAN SHORES FL 33785**

**TITLE** **D** ☐ Delete  
**NAME** **SHOCKLEY, SUSAN**  
**STREET ADDRESS** **8121 SW 45 LANE**  
**CITY-ST-ZIP** **GAINESVILLE FL 32608**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** **President** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

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

**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 with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Susan Shockley**  
**President**

**4/18/02 (352)3361073**  
**Daytime Phone #**

CR2E034 (9/01)