## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P0100005741 **DOCUMENT#**

**FILED** Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90142 031 \*\*\*150.00

☐ CHECK HERE IF MAKING CHANGES

1	

JOYLEE, INC.	
Principal Place of Business 6990 22ND AVE N ST PETERSBURG FL 33710	Mailing Address 6990 22ND AVE N ST PETERSBURG FL 33710
2. Principal Place of Business & Auc N	3. Mailing Address 22 No Auc No Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apr. #, etc.
St. Petersburg, F1	St. letersburg Fl
33710 Pinellas	33710 Pinellas
6. Name and Address of Current F	
, o	Name.
GRANESE, ANTHONY P	Street Address (
1014 DREW ST	·
CLEARWATER FL 33755	

St. Po	tersburg, Fl	St. Petersbur	9 FL		59-3	723979		t Applicable		
33 <sup>-7</sup>	110 Pinellas	33710	Edyntry Pinella	5. C	Certificate of Status		\$8.75 Add Fee Required			
-	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						
	January Land Carlotte Control	والمراب الماسيكيون	Name_	. <del>-</del>		<del></del> .	, was 😇 🕏			
GRANESE, ANTHONY P			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
1014 DREV	N ST		0	Chock action (10. Don 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.						
CLEARWATER FL 33755										
			City			<u></u>	Zip Code	-		
•						FL	- 1			
8. The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its req	gistered office or	registered age	ent, or both, in the	State of Florida. I am	familiar with, a	and accept		
SIGNATURE .		LOS TO STATE OF THE PARTY OF	egistered Agent signatu	to toguisad when to	instation)	DATE		<del></del> }		
1 · · ·	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: He	egistereo Agent signatu	ie iednied wildit iei	instating)					
After -	ILE NOW!!!- FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Trust Fund		☐ Added	May Be to Fees		
10.	OFFICERS AND D	IRECTORS	11.	AD	DITIONS/CHANG	ES TO OFFICERS AND	) DIRECTORS			
	D	☐ Delete	TITLE				☐ Change	Addition		
NAME	ESTES, JOY		NAME							
	9712 SAGO POINT DR		STREET ADDRESS							
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE	_ D			<b>X</b> Change	☐ Addition		
	RODRIGUEZ, LEE A		NAME	KODRI	GUEZ,	LEEANN				
STREET ADDRESS	6477 17TH PLACE N		STREET ADDRESS	12.01	Country	cmp ivo.				
CITY-ST-ZIP	ST PETERSBURG FL 33710		CITY-ST-ZIP	<u>S+</u>	· Reters 12	Club No. urg, Fl	<u> 37/U</u>			
TITLE		☐ Delete	TITLE	i		<i>J</i> ,	Change	☐ Addition		
NAME, ,.	ويحسدون بيانين والمنطور والمساور والمساور		~NAME							
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP					<del>-</del>			- Addition		
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition		
NAME			NAME							
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP							Change	☐ Addition		
TITLE		☐ Delete	TITLE				☐ Change	Addition (		
NAME		W I	NAME STREET ADDRESS	•	•	** * *				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
							Change	Addition		
TITLE	* * *	☐ Delete	TITLE NAME							
NAME CTREET ADDRESS			STREET ADDRESS					y 14 * .		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
J 01 Ell	l /		L	<u> </u>						

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: