

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.O. 1000063333

1. Entity Name Joyway Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 18 PM 12:44

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1155 St. Rd. 17

3. Mailing Address

Suite, Apt. #, etc.
Bartow, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
POLK

Country

Zip
33830

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rose Horner

Street Address (P.O. Box Number is Not Acceptable)
1155 St. Rd. 17

City Bartow,

FL

Zip Code
33830

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 Rose Horner (Changing Address) 9-19-2003
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| P | Rose Horner | 1155 (St. Rd.) / Hwy. 17 | Bartow, FL 33870 | | | | |
| V | Adi Horner | 1155 (St. Rd.) / Hwy. 17 | Bartow, FL 33870 | | | | |
| T | Franklin Horner | 1155 (St. Rd.) / Hwy. 17 | Bartow, FL 33870 | | | | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Horner 9-19-2003 (Not yet)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)