

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 18 PM 12:44

DOCUMENT # P.O. 1000063333

1. Entity Name Joyway Inc.

**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 Country  
POLK

Zip Country  
33830

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
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 (Rose) Changing Address 9-19-2003  
Signature, typed or printed name of registrant 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	<u>P</u> <u>Rose Horner</u> <u>1155 (St. Rd.) / Hwy. 17</u> <u>Bartow, FL 33870</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400023302374</u> <u>09/24/03--01018--024 **1511.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>✓</u> <u>Adi Horner</u> <u>1155 (St. Rd.) / Hwy. 17</u> <u>Bartow, FL 33870</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>Franklin Horner</u> <u>1155 (St. Rd.) / Hwy. 17</u> <u>Bartow, FL 33870</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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)