

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000066845**Entity Name
JOYFUL CONSTRUCTION AND CONSULTING CORPORATION**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90076 044 ***158.75

Principal Place of Business
1139 NW 34 PLACE
CORAL SPRINGS FL 33065
Mailing Address
11139 NW 34 PLACE
CORAL SPRINGS FL 33065Principal Place of Business
1139 NW 34 PLACE
CORAL SPRINGS FL 330653. Mailing Address
11139 NW 34 PLACE
CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1116507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****TURIN, HOWARD F**
11139 NW 34 PLACE
CORAL SPRINGS FL 33065**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **TURBIN, JOY E**
STREET ADDRESS **11139 NW 34 PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**TITLE **D** ☐ Delete
NAME **TURBIN, HOWARD F**
STREET ADDRESS **11139 NW 34 PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DIRECTOR** ☐ Change ☐ Addition
NAME **TURIN, JOY E.**
STREET ADDRESS **11139 NW 34 PLACE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**TITLE **DIRECTOR** ☐ Change ☐ Addition
NAME **TURIN, HOWARD F.**
STREET ADDRESS **11139 NW 34 PLACE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**HOWARD F. TURIN**

Date

2/4/02

Daytime Phone #

786-412-8739

CR2E034 (9/01)