

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90418 011 \*\*\*158.75

DOCUMENT # **P01000068245**

1. Entity Name

**JOSEPH'S STORE, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8445 INTERNATIONAL DR 8445 INTERNATIONAL**

Suite, Apt. #, etc.

**140 B**

City & State

**ORLANDO FL**

Zip

**32819**

Country

**USA**

3. Mailing Address

**8445 INTERNATIONAL DR 8445 INTERNATIONAL**

Suite, Apt. #, etc.

**140 B**

City & State

**ORLANDO FL**

Zip

**32819**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3748222**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**JERRY L STANFORD, CPA**

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

**1803 CROWN WAY**

City

**ORLANDO**

FL

Zip Code

**32804**

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

*Jerry L Stanford*

**JERRY L STANFORD CPA**

**4-27-02**

(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 1st May 1st Fee is \$150.00

After May 1st 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  
**PRESIDENT  
JAMES DELAND BATTIST  
8445 INTERNATIONAL DR  
ORLANDO FL 32819**

TITLE  
NAME  
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-02 (407) 648 9690**

CR2E034B (12/01)