2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P01000078196 1. Entity Name JOSEPH HOLDINGS, INC. | | | | | | | Secretary of State 04-24-2002 90341 004 ***150.00 | | | | |
|---|----------------------------------|--|---|------------------------|--|--|---|--|----------------------------|---------------|-------------------|
| Principal Place of Business 2428 NORTH ESSEX AVENUE HERNANDO FL 34442 | | | Mailing Address 2428 NORTH ESSEX AVENUE HERNANDO FL 34442 | | | | | | 1 211 1221 1 | | |
| 2. Principal F 2450 Not Suite, Apt. | rth Cit | | 3. Mailing Address 2450 North Citrus Hills Blvd Suite, Apt. #, etc. | | | Blvd | DO NOT WRITE IN THIS SPACE | | | | |
| City & Stat | | (| City & State Hernando, FL | | | | 4. FEI Number 3747 8 36 Applied For Not Applicable | | | | t Applicable |
| Zip 34442 | 6 Name | Country USA | Zip 34442 | 2 USA | | | 5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Na | ime and Address of New Reg | istered Age | nt | |
| RHOADES, RON Å 2428 NORTH ESSEX AVENUE HERNANDO FL 34442 | | | | | Street Address (P.O. Box Number is Not Acceptable) 2450 North Citrus Hills Boulevard | | | | | | |
| HERIVANDO I E STTTE | | | | | | nando FL Zip Code 34442 | | | | | |
| 9. This corporate filling | Signature, typed oration is elig | or printed name of registered agent a lible to satisfy its Intangible and elects to do so. | rd title if applicable. (NOT | E: Registered | d Agent signat IS \$150. will be \$! | ture required when the contract of the contrac | hen reins | stating) 10. Election Campaign Finan Trust Fund Contribution. | 1/12/0 DATE | | O May Be to Fees |
| 11. | | OFFICERS AND D | Make Check Payat | 12. | epartmen | it of State | | ITIONS/CHANGES TO OFFICE | ERS AND DIE | RECTORS | EINL11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7655 W. G | MICHAEL J FULF TO LAKE HIGHWA RIVER FL 34429 | ☐ Delete | TITLE NAME STREE | | 2450 | ali Nor | , Michael J. th Citrus Hills | <u> </u> | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | D T. Cox, 2450 | Alv Nor | | | Change ard | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | *** | er i eritar | ☐ Delete | | | D V S Cepar 2450 | ano Nor | , John J. th Citrus Hills | | Change ard | ऒ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | Herna | ndo | , FL 34442 | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE NAME STREE | | | | | | Change | ☐ Addition |

13. I hereby certify that the information supplied with this filling 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 like empowered.

CITY-ST-ZIP

SIGNATURE:

4-12-03 Date

352-746-4460

Daytime Phone #