2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 29, 2002 8:00 am Secretary of State DOCUMENT # P01000096047 04-22-2002 90128 008 ***150.00 1. Entity Name JOY'S CREATIVE INTERIORS, INC. Principal Place of Business Mailing Address 87258 2211 N ORANGE AVENUE 2211 N ORANGE AVENUE ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. EEI Numbe Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANNICE, JOY Street Address (P.O. Box Number is Not Acceptable) 2211 N ORANGE AVENUE ORLANDO FL 32804 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00_ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. RES, TITLE Delete TITLE ☐ Change CR2E034 (9/01) NAME VANNICE, JOY NAME JOY A VAIVIVICE 2211 N ORANGE AVENUE STREET ADDRESS STREET ADDRESS 8810 BAYHILL BLUD CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TILE Defete TITLE ☐ Change ☐ Addition NAME NAME DONALD H. VANNICE STREET ADDRESS STREET ADDRESS 8810 BAYHILL BLUD CITY-ST-7/P CITY-ST-ZIP KLANDO. EL TITLE ☐ Delete Change Addition HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ·- Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 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 shapewared 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.

FILED