

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000096395

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: JOY SPECIALTIES INCORPORATED

Current Principal Place of Business:

2365 ADAMSON RD
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

2365 ADAMSON RD
COCOA, FL 32926

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERGLUND, RENE F
2365 ADAMSON RD
COCOA, FL 32926

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: BERGLUND, RENE' F
Address: 2365 ADAMSON ROAD
City-St-Zip: COCOA, FL 32926 US

Title: D () Change (X) Addition
Name: HANCOCK, WADE
Address: 123 OLD CANOE PLACE
City-St-Zip: HAMPTON, VA 23661 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE' F. BERGLUND

P

04/28/2002

Electronic Signature of Signing Officer or Director

_____ Date