

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90141 019 ***150.00

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1. Entity Name
JOAT INVESTMENTS, INC.

①



Principal Place of Business
**2502 RUFFNER RD.
MELBOURNE FL 32901**

Mailing Address
**2502 RUFFNER RD.
MELBOURNE FL 32901**



2. Principal Place of Business
2958 ST MARKS AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 410921
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE, FL
Zip
32935
Country
USA

City & State
MELBOURNE, FL
Zip
32941
Country
USA

4. FEI Number
383661904
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCONNELL, KALEIGH H
2502 RUFFNER RD.
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name
KIMBERLY D. BALAS
Street Address (P.O. Box Number is Not Acceptable)
2958 ST. MARKS AVE.
City
MELBOURNE, FL Zip Code
32935

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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE
[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/30/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, JUDY S 2502 RUFFNER RD. MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, D. JEAN 2502 RUFFNER RD. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, KALEIGH H 2502 RUFFNER RD. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. U.P. S. T McConnell, Judy S. 2958 St. Marks Ave MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sir. or Madam. Please accept late filing of this report without penalty. Director being deleted failed to provide or forward to me.	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thank you Judy McConnell	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY S. MCCONNELL (321) 243-6855
Date Daytime Phone #

CR2E034 (4/03)