TO: From: Spiegel & Utrera

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2008 8:00 am
Secretary of State
03-05-2008 90023 020 ***158.75

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1. Entity Name

Joy of Living II, Inc

DO NOT WRITE IN THIS SPACE

40038407

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2. Principal Place of Business	3. Mailing Address
8548 Alam Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, FL	City & State
Zip: 34287 Country: Sarasota	Zip / Country

4. FEI Number: 02-0699467. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Lorna DeRiggs.

Street Address (P.O. Box Number is Not Acceptable): 8548 Alam Ave

City: North Port FL Zip Code: 34287

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 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 1 - May 1 Fee is $150.00
After May 1, 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	PSTD	TITLE	
NAME	DeRiggs, Lorna	NAME	
STREET ADDRESS	8548 Alam Ave, North Port, FL.	STREET ADDRESS	
CITY-ST-ZIP	34287.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: L DeRiggs Lorna DeRiggs 2/26/08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #