2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053742

1. Entity Name
MILDRED JOY MITCHELL TRANSPORTATION INC.

Principal Place of Business	Mailing Address
4952 DONNYBROOK AVE	4952 DONNYBROOK AVE
JACKSONVILLE FL 32208	JACKSONVILLE FL 32208
US	

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3192511 | Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
JOY, MARK A 4952 DONNYBROOK AVE JACKSONVILLE FL 32208	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL Zip Code

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 _Daniel Joy_ 4/30/02

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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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			**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: S NAME: JOY, PATRICIA STREET ADDRESS: 4952 DONNYBROOK AVE CITY-ST-ZIP: JACKSONVILLE FL	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: V NAME: TILLER, BEATRICE J STREET ADDRESS: 4952 DONNYBROOK AVE CITY-ST-ZIP: JACKSONVILLE FL 32208	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☑ Addition
TITLE: P NAME: JOY, DANIEL STREET ADDRESS: 8135 PINESPRINGS LANE CITY-ST-ZIP: JACKSONVILLE FL	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition

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

SIGNATURE: _Daniel Joy_ REQUIRED   4/30/02   4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #