

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017198

1. Entity Name

JOY TOY VENTURES, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90221 005 ***150.00

Principal Place of Business

Mailing Address

4210 U S HIGHWAY 92ND EAST
PLANT CITY FL 33566
US

5364 EHRLICH RD
SUITE 165
TAMPA FL 33624-6976
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MENDELL, LOUIS J III
5364 EHRLICH ROAD, SUITE 165
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

JAMIE A. RAND

Street Address (P.O. Box Number is Not Acceptable)

5364 Ehrlich Rd Suite 165

City Tampa

FL

Zip Code

33624

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	MENDEL, LOUIS J III	5364 EHRLICH ROAD, SUITE 165	TAMPA FL 33624	<input checked="" type="checkbox"/>
VP	RANO, JAMIE A	5364 EHRLICH ROAD, SUITE 165	TAMPA FL 33624	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
President / Vice President	JAMIE A. RAND	5364 Ehrlich Rd Suite 165	TAMPA, FL 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>CHANGE</td> <td>ADDITION</td>	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TITLE	NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>CHANGE</td> <td>ADDITION</td>	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
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TITLE	NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>CHANGE</td> <td>ADDITION</td>	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis J. Mendel III 4/5/00 803 404-6966

Date

Daytime Phone #

CR2E034 (9/99)