

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90073 028 ***150.00

DOCUMENT # P96000017198

1. Entity Name

JOY TOY VENTURES, INC.

Principal Place of Business

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

Mailing Address

**5364 EHRlich RD
 SUITE 165
 TAMPA FL 33624
 US**

2. Principal Place of Business

4210 US Highway 92E

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

4. FEI Number

59-3386934

Applied For

Not Applicable

Zip

33566

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAND, JAMIE A
 5364 EHRlich ROAD, SUITE 165
 TAMPA FL 33624**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/02

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

TITLE **PVP** ☐ Delete
 NAME **RANO, JAMIE A**
 STREET ADDRESS **5364 EHRlich ROAD, SUITE 165**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVP** ☒ Change ☐ Addition
 NAME **JAMIE A. RAND**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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

JAMIE RAND 2/4/02 813-417-9765

Date

Daytime Phone #

CR2E034 (9/01)