

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000056259**

1. Entity Name  
**DESIGNER DOGS BY JOYCE, INC.**



Principal Place of Business  
**13723 NORTH DALE MABRY HWY  
TAMPA FL 33618**

Mailing Address  
**13723 NORTH DALE MABRY HWY  
TAMPA FL 33618**

2. Principal Place of Business  
**10175 TAMAIMI TRAIL  
Suite 1117**

3. Mailing Address  
**PO Box 512716  
Suite, Apt. #, etc.**

City & State  
**PUNTA GORDA FL  
Zip 33950**

City & State  
**PUNTA GORDA FL  
Zip 33951**

4. FEI Number  
**59-3388499**

Applied For  
Not Applicable

Country **CHARLOTTE**

Country **CHARLOTTE**

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

6. Name and Address of Current Registered Agent

**MORGENROTH, JOYCE M  
13723 NORTH DALE MABRY HWY  
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name  
**1110 LUCIA DR.**

City **PUNTA GORDA** FL Zip Code **33950**

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 registered agent.

SIGNATURE *Joyce M Morgenroth* Signature, typed or printed name of registered agent and title if applicable.

*Joyce M Morgenroth*

**4-10-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 **DP**  
NAME **MORGENROTH, JOYCE**  
STREET ADDRESS **2110 SOUTH VILLAGE AVE**  
CITY-ST-ZIP **TAMPA FL 33612**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

**1110 LUCIA DR.  
PUNTA GORDA FL 33950**

TITLE **DVST**  
NAME **PRICKETT, MARGARET G**  
STREET ADDRESS **2110 SOUTH VILLAGE AVE**  
CITY-ST-ZIP **TAMPA FL 33612**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

**1110 LUCIA DR.  
PUNTA GORDA FL 33950**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *Joyce M Morgenroth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-03**

**941-639-9990**

Date

Daytime Phone #

CR2E034 (10/02)