2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 08, 2000 8:00 am Secretary of State DOCUMENT # P9700034228 1. Entity Name JOY WEST P.A. 08-08-2000 90020 004 ***150.00 Principal Place of Business Mailing Address 8479 17TH WAY N 8479 17TH WAY N ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3438929 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REEDY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 305 N PARSONS AVE **BRANDON FL 33510** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change TITLE Delete TITLE WEST, JOY NAME NAME STREET ADDRESS 8479 17TH WAY N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33702 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Chance TITLE ☐ Delete T)TLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNALUKE HELLU SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OF

BEDWest 1

8-03-200 727-578-2244

8-4-2000

Attachment Offgraw31225 OUTUV

To whom it may concern, In Enclosing a check for \$150 with the hopes of requesting an aliatenest of the Late Charges, as the first report sever reached my registered agent. anything that has to do with paysoll is Sent to Pay Cheiks plees & anything to do with IRS on Corporation readed Get Sent to my registered agent. For Somewhown, he never got report, so no check was Sent. Please assept the #150 fee Enclosed with the form for Business report signed. Thank you for your understanding. Jug Elist, PA.

Ph. 727-578-2244 Hm/aff #