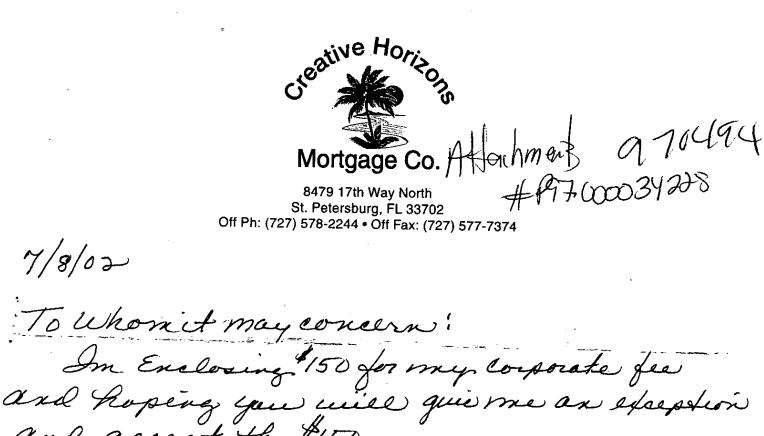
2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P97000034228 1. Entity Name JOY WEST P.A.

FILED Jul 16, 2002 8:00 am Secretary of State 07-16-2002 90374 007 ***150.00

Principal Place of Business 8479 17TH WAY N ST PETERSBURG FL 33702 US		Mailing Address 8479 17TH WAY N ST PETERSBURG FL 33702 US			I KEBIKEET KIN IDIK INDEK NEKKERO	 1) es ul se ver hun siels h	1818 (1888 1811 288)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 59-3438929 Applied For		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 A	Not Applicable
	6. Name and Address of Current I	Registered Agent	'		7. Name and Address of New Re	ree nequi	
305 N P	MICHAEL ARSONS AVE ON FL 33510		Name Street Addre		O. Box Number is Not Acceptable)	gistered Agent	
8. The above	e named entity submits this statement for	the purpose of changing its	Ci registered of	•	agent, or both, in the State of Flori	FL Zip Co	ode
SIGNATURE				it signature required wh		DATE	
Tax filing (See crite)	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002*Fee will be \$550.00 Make Check Payable to Department of Stat		be \$550.00	10. Election Campaign Finar Trust Fund Contribution.	Ψ0.	00 May Be ed to Fees
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	3S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D WEST, JOY 8479 17TH WAY N ST PETERSBURG FL 33702	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	RESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	1		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		****.	☐ 'Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP			☐ Change	Addition
 I hereby ce indicated of the corporate changed, or 	ertify that the information supplied with thin this report or supplemental report is truoration or the receiver or trustee empower or on an attackment with an address, with	is filing does not qualify for the and accurate and that my pered to execute this report as all other like empowered.	he exemption signature sha s required by	stated in Section all have the same Chapter 607, Flo	n 119.07(3)(i), Florida Statutes. I furt e legal effect as if made under oath rida Statutes; and that my name ap	her certify that the ir that I am an officer pears in Block 11 or	or director Block 12 if

SIGNATURE:

727-578-22



and accept the \$150. Luring the beginning of the year I decided to open my own Company, there were alat of different fees paid during this time and Thought that this fee was paidlas I Sent a copy of it to the state for my DBA and had to send in a fee for that,) Anyway I thought this had been paid -If you were not accept this please reduce ct & I well Send in the \$550 fee. Thank you for Lestening

Sinserely, Jay west

7/8/02

Enclosed is a Self addressed, Stamped Envelope in case your worst accept. 15000.