

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90009 047 ***150.00

DOCUMENT # P98000005154

1. Entity Name

JOYBROOK COMPANY

Principal Place of Business

7820 SOUTH HOLIDAY DR., STE. 230
SARASOTA FL 34231

Mailing Address

7820 SOUTH HOLIDAY DR., STE. 230
SARASOTA FL 34231

2. Principal Place of Business

12317 RUNNING DEER RD.

3. Mailing Address

12317 RUNNING DEER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MANASSAS, VA

City & State

MANASSAS, VA.

Zip

20112

Country

USA

Zip

20112

Country

USA

4. FEI Number

65-0812078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSAGNOL, THIERRY
737 SIESTA DRIVE
SARASOTA FL 34242

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSAGNOL, THIERRY 737 SIESTA DRIVE SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KOSACK, ALLAN F 2264 W MAPLE ROAD BLOOMFIELD MI 48301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUDSON, RAY 400 RHONDA KAY COURT, UNIT 67 FORT WALTON FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAESIDENT WILLIAM L. TABB 12317 RUNNING DEER RD. MANASSAS, VA. 20112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA L. TABB 12317 RUNNING DEER RD. MANASSAS, VA. 20112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WILLIAM L. TABB 12317 RUNNING DEER RD. MANASSAS, VA. 20112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY GREG S. FRIEDMAN 109 N. ADAMS STREET ROCKVILLE, MD. 20850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)