2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055663

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

(See criteria on back)

O'MEALLY, COLIN

1554 NONA STREET NE PALM BAY FL 32907

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

O'MEALLY, COLIN

1554 NONA STREET NE

1554 NONA STREET NE

PALM BAY FL 32907

O'MEALLY, JOYCE

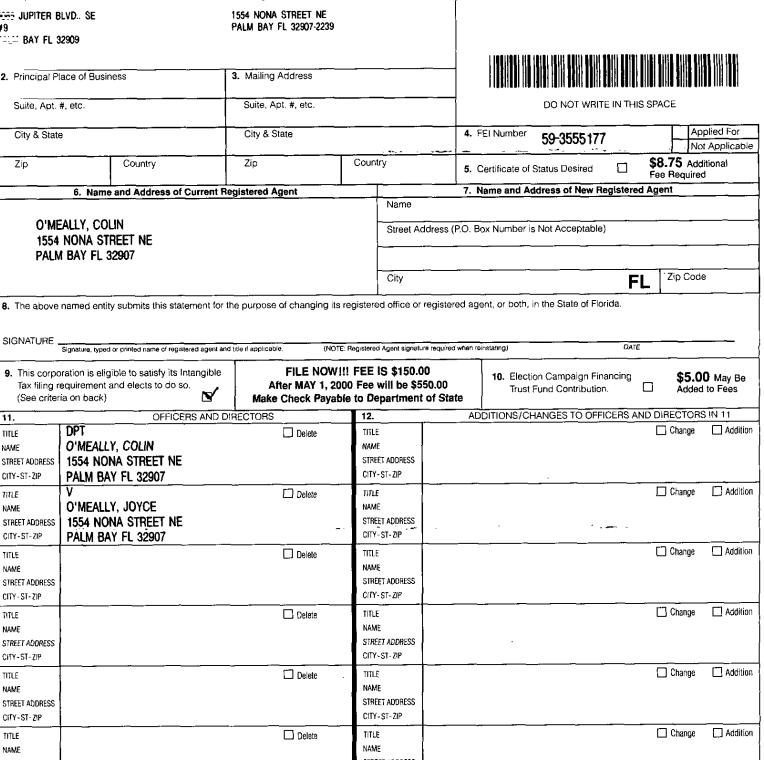
PALM BAY FL 32907

JOYCOL ELECTRONICS, INC.		
Principal Place of Business	Mailing Address	
999 JUPITER BLVD. SE #9 1111 BAY FL 32909	1554 NONA STREET NE PALM BAY FL 32907-2239	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	· · · · ·

Zip

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90003 031 ***150.00



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.

CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

Delete

☐ Delete

Delete

☐ Delete

12.

TITLE

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

SIGNATURE:∠

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

OMEALLY 04/19/00.(321)674-2232