

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90114 019 ***150.00

DOCUMENT # P98000078289

1. Entity Name
"JOSHUA" REALTY & INVESTMENTS, INC.

Principal Place of Business Mailing Address
7102 HARBOR HEIGHTS CIR 7102 HARBOR HEIGHTS CIR
ORLANDO FL 32835 ORLANDO FL 32835

848725



2. Principal Place of Business 3. Mailing Address
606 N. PINE HILLS RD 1773 GLENHAVEN CIRCLE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **ORLANDO, FLORIDA** City & State **OCOOEE, FLORIDA** 4. FEI Number **65-0978839** Applied For
 Not Applicable
 Zip **32808** Country Zip **34761** Country 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
HARRISON, MICHAEL A Name **MICHAEL A. HARRISON**
7102 HARBOR HEIGHTS CIR Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32835 **1773 GLENHAVEN CIRCLE**
 City **OCOOEE** FL Zip Code **34761**

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 **MICHAEL A. HARRISON (PRESIDENT)** DATE **4-15-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 HARRISON, MICHAEL A 5712 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL A. HARRISON 1773 GLENHAVEN CIRCLE OCOOEE FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRISON, DEBBIE G 2934 E. MISSIONWOOD CIR MIRAMAR FL 33025 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **MICHAEL A. HARRISON (PRESIDENT)** DATE: **4-15-2002** DAYTIME PHONE #: **(407) 822-3408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)