

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90346 009 \*\*\*150.00

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**DOCUMENT # P98000103558**

1. Entity Name  
**AR-JOY OF TAMPA, INC.**



Principal Place of Business <b>3641 W KENNEDY BLVD STE A TAMPA FL 33609 US</b>	Mailing Address <b>3641 W KENNEDY BLVD STE A TAMPA FL 33609 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number <b>59-3563088</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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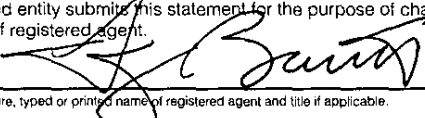
**6. Name and Address of Current Registered Agent**

**BAILIN, LAWRENCE J ESQ.  
401 EAST JACKSON STREET  
SUITE 2200  
TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name	<b>Leslie J. Barnett</b>
Street A	<b>Barnett, Bolt, Kirkwood &amp; Long</b>
City	<b>601 Bayshore Boulevard, Suite 700 Tampa, FL 33606</b>
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME	<b>D LEVY, ARIC</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1200 SHEPPARD AVENUE EAST #106</b>	
CITY-ST-ZIP	<b>WILLOWDALE ONTARIO CANADA</b>	
TITLE NAME	<b>D LEVY, JOY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1200 SHEPPARD AVENUE EAST #106</b>	
CITY-ST-ZIP	<b>WILLOWDALE ONTARIO CANADA</b>	
TITLE NAME	<b>D LEVY, CLIFF</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1616 CULBREATH ISLET DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4932 ST. CROIX DRIVE</b>	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

Date: **APRIL 14, 2003** Daytime Phone #: **(813) 353-2220**

CFR2E034 (10/02)