

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081626

1. Entity Name

JOY, INC. (USA)

R

Principal Place of Business

213 REGAL PARK DR
VALRICO FL 33594

Mailing Address

213 REGAL PARK DR
VALRICO FL 33594

2. Principal Place of Business

2939 SKYVIEW DR

Suite, Apt. #, etc.

3. Mailing Address

1310 N WILSON AVE

Suite, Apt. #, etc.

317

City & State

LAKELAND FL

City & State

BARTOW FL

Zip

33801

Country

POLK

Zip

33830

Country

POLK

4. FEI Number

59-3596085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOY, PHILIP
213 REGAL PARK DR
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

BABY A MAKIL

Street Address (P.O. Box Number is Not Acceptable)

1310 N WILSON AVE 5809 CHARLTON

317 LAKELAND FL 33813

City

BARTOW 8636079428 FL

Zip Code

33830

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

Baby Amakil

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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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"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00

Date

Daytime Phone #

FILED
Jul 20, 2000 8:00 am
Secretary of State

03-07-2000 90047 003 ***150.00

07-20-2000 90021 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)