

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103056

1. Entity Name

JOY ADAMS, INC.

FILED
Aug 14, 2000 8:00 am
Secretary of State

07-21-2000 90160 035 ***150.00

Principal Place of Business
10438 CRESTFIELD DRIVE
RIVERVIEW FL 33569

Mailing Address
10438 CRESTFIELD DRIVE
RIVERVIEW FL 33569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3612197

Applied For

Not Applicable

Zip

Country

Zip

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

KIERSTEAD, BRENDA
10438 CRESTFIELD DRIVE
RIVERVIEW FL 33569

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

Brenda Kierstead

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME *Officer and Director*
STREET ADDRESS *Brenda Kierstead*
CITY-ST-ZIP *10438 Crestfield Dr.*
Riverview Fl. 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Brenda Kierstead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00

Date

(813) 685-4242

Daytime Phone #

CR2E034 (5/00)

Dear

Divisions of Corporations.

I am writing this letter to explain my situation.

I recieved the U.B.R a couple of weeks ago.

I didnt not understand what it was about, you see this is my first business, very small.

I ask a C.P.A about this, he informed me that I should have recieved a U.B.R earlier this year, which I never did receive one.

I contacted one of your representatives to explain my situation.

He suggested that I write this letter ask ask that you please