

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91705 047 ***550.00

0031703 AV

DOCUMENT # P99000103782

1. Entity Name
JENNIFER JOYCE, INC.

Principal Place of Business
305 GARDEN LANE
ATLANTIC BEACH FL 32233

Mailing Address
305 GARDEN LANE
ATLANTIC BEACH FL 32233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 First Street

Suite, Apt. #, etc.
Suite 203

City & State
Neptune Beach FL

Zip
32266

Country
USA

3. Mailing Address

200 First Street

Suite, Apt. #, etc.
Suite 203

City & State
Neptune Beach FL

Zip
32266

Country
USA

4. FEI Number **59-3695857**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LINVILLE, JENNIFER J
305 GARDEN LANE
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

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

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 \$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

TITLE **P** ☐ Delete
 NAME **LINVILLE, JENNIFER J**
 STREET ADDRESS **305 GARDEN LANE**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **200 First Street, Suite 203**
 CITY-ST-ZIP **Neptune Beach, FL 32266**

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

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

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 NAME
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

Daytime Phone #

CP2E034 (9/01)