

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90006 007 ***150.00

0394868

DOCUMENT # 341382

1. Entity Name
GENERAL MEMORIALS INC

Principal Place of Business

**11420 PALM BEACH BLVD.
 FT MYERS FL 33905
 US**

Mailing Address

**11420 PALM BEACH BLVD.
 FT MYERS FL 33905
 US**

2. Principal Place of Business

11420 Palm Beach Blvd.

3. Mailing Address

11420 Palm Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. Myers, FL.

City & State

FT. Myers, FL.

4. FEI Number **59-1232708**

Applied For

Not Applicable

Zip

33905

Country

US

Zip

33905

Country

U.S.

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

6. Name and Address of Current Registered Agent

**LETTER, ERIC T.
 11420 PALM BEACH BLVD.
 FT MYERS FL 33905**

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, 2001 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 **PD** ☐ Delete
 NAME **GROFF, MARISA**
 STREET ADDRESS **18990 SERENDA CT NE**
 CITY-ST-ZIP **ALVA FL 33920**

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

TITLE **VD** ☐ Delete
 NAME **LETTER, ERIC T.**
 STREET ADDRESS **11420 PALM BEACH BLVD.**
 CITY-ST-ZIP **FT. MYERS FL**

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

TITLE **STD** ☐ Delete
 NAME **LETTER, ERIC T.**
 STREET ADDRESS **11420 PALM BEACH BLVD.**
 CITY-ST-ZIP **FT MYERS FL**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 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: **Eric T. Letter**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01 **(941) 694-3353**
 Date Daytime Phone #

CR2E034 (10/00)