## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 19, 2002 8:00 am DOCUMENT # 341382 1. Entity Name 05-19-2002 90027 047 \*\*\*150.00 **GENERAL MEMORIALS INC** Principal Place of Business Mailing Address 11420 PALM BEACH BLVD. 11420 PALM BEACH BLVD. FT MYERS FL 33905 FT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1232708 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LETTER, ERIC T. Street Address (P.O. Box Number is Not Acceptable) 11420 PALM BEACH BLVD. FT MYERS FL 33905 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GROFF, MARISA NAME NAME STREET ADDRESS 18990 SERENDA CT NE STREET ADDRESS CITY-ST-ZIP ALVA FL 33920 CITY-ST-ZIP TITLE VD ☐ Delete TITLE Change ☐ Addition NAME LETTER, ERIC T. NAME STREET ADDRESS 11420 PALM BEACH BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Addition TITLE ☐ Delete TITLE STD Change NAME LETTER, ERIC T. NAME STREET ADDRESS 11420 PALM BEACH BLVD. STREET ADDRESS CITY-ST-ZiP FT MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like

FILED