

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-20-2002 90068 027 ***150.00

DOCUMENT # F97000005413

1. Entity Name

MEMORIES & MORE, INC.

Principal Place of Business

1168 W 500 N
 CENTERVILLE UT 84014

Mailing Address

P.O. BOX 1188
 CENTERVILLE UT 84014

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

87-0554732

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

DIANA HALL

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

2762 EAST COLONIAL DRIVE

City

ORLANDO

FL

Zip Code

32803

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, applicable.

Eastern Regional Manager/Store Mgr. 4-12-02

(NOTE: Registered Agent signature required when changing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 | CT | <input type="checkbox"/> Delete |
| NAME | SERVER, BRIDGETTE | |
| STREET ADDRESS | 1168 WEST 500 NORTH | |
| CITY-ST-ZIP | CENTERVILLE UT 84014 | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | SERVER, BRIT | |
| STREET ADDRESS | 1168 WEST 500 NORTH | |
| CITY-ST-ZIP | CENTERVILLE UT 84014 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | BLACKWELDER, DONALD | |
| STREET ADDRESS | 1168 WEST 500 NORTH | |
| CITY-ST-ZIP | CENTERVILLE UT 84014 | |
| TITLE | HANSEN, DANNY | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | 1168 WEST 500 NORTH | |
| CITY-ST-ZIP | CENTERVILLE UT 84014 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | Eric Eliason | |
| STREET ADDRESS | 1168 West 500 North | |
| CITY-ST-ZIP | Centerville UT 84014 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Eliason

02/26/02

801-244-4138

Date

Daytime Phone #

CR2E034 (9/01)