

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000038

1. Entity Name  
**SERVICE CASKET COMPANY**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90245 010 \*\*\*150.00

Principal Place of Business      Mailing Address  
P.O. BOX 5664      P.O. BOX 5664  
COLUMBUS GA 31906-0664      COLUMBUS GA 31906-0664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*1014 14th Street*      *P.O. Box 5664*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Columbus, GA*      *Columbus, GA*  
Zip      Country      Zip      Country  
*31901*      *MUSCOGEE*      *31906*      *MUSCOGEE*

4. FEI Number      Applied For  
**58-1449228**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCFALL, WM. GEORGE**  
**4503 HARTMAN RD.**  
**JACKSONVILLE FL 32225**

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 \_\_\_\_\_ (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, 2000 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>JONES, SCOTT M</b>
STREET ADDRESS	<b>1824 ST. ELMO DR.</b>
CITY-ST-ZIP	<b>COLUMBUS GA 31901</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>JONES, JEAN C</b>
STREET ADDRESS	<b>1824 ST. ELMO DR.</b>
CITY-ST-ZIP	<b>COLUMBUS GA 31901</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>JONES, SHIRLEY I</b>
STREET ADDRESS	<b>2250 15TH ST.</b>
CITY-ST-ZIP	<b>COLUMBUS GA 31906</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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)(l), 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: *Scott M. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)