

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
COLUMBUS GA 31906-0664

P.O. BOX 5664
COLUMBUS GA 31906-0664

2. Principal Place of Business

1014 14th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5664

Suite, Apt. #, etc.

City & State
Columbus, GA

City & State
Columbus, GA

Zip
31901

Country
Muscoque

Zip
31906

Country
Muscoque

4. FEI Number 58-1449228

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCFALL, WM. GEORGE
4503 HARTMAN RD.
JACKSONVILLE FL 32225

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	JONES, SCOTT M	
STREET ADDRESS	1824 ST. ELMO DR.	
CITY-ST-ZIP	COLUMBUS GA 31901	
TITLE	V	☐ Delete
NAME	JONES, JEAN C	
STREET ADDRESS	1824 ST. ELMO DR.	
CITY-ST-ZIP	COLUMBUS GA 31901	
TITLE	S	☐ Delete
NAME	JONES, SHIRLEY I	
STREET ADDRESS	2250 15TH ST.	
CITY-ST-ZIP	COLUMBUS GA 31906	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)