

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90037 006 ***150.00

0006049 AV

DOCUMENT # 190778

1. Entity Name
JACKSONVILLE MEMORY GARDENS, INC.

Principal Place of Business

111 BLANDING BLVD
ORANGE PARK FL 32073

Mailing Address

111 BLANDING BLVD
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

CLAY

Zip

32073

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIPLEY, RALPH R.
111 BLANDING BLVD.
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name **GLORIA A. SHIPLEY**

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

City **ORANGE PARK**

FL

Zip Code **32073**

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 **GLORIA A. SHIPLEY**

Signature, typed or printed name of registered agent and title if applicable

Gloria A. Shipley

(NOTE: Registered Agent signature required when reinstating)

2-22-02

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, 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 ☐ Delete
 NAME **SHIPLEY, GLORIA**
 STREET ADDRESS **111 BLANDING BLVD**
 CITY-ST-ZIP **ORANGE PARK, FL 00000**

TITLE ☒ Delete
 NAME **SHIPLEY, RALPH R**
 STREET ADDRESS **111 BLANDING BLVD**
 CITY-ST-ZIP **ORANGE PARK, FL 00000**

TITLE ☐ Delete
 NAME **SHIPLEY, JOHN F.**
 STREET ADDRESS **111 BLANDING BLVD.**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☒ Delete
 NAME **KREPS, KIM A.**
 STREET ADDRESS **111 BLANDING BLVD.**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ Delete
 NAME **SHIPLEY, RALPH R JR**
 STREET ADDRESS **111 BLANDING BLVD**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ Delete
 NAME **GALLUP, ANNETTE M**
 STREET ADDRESS **111 BLANDING BLVD**
 CITY-ST-ZIP **ORANGE PARK FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **VICTORIA S. PALMER**
 STREET ADDRESS **111 BLANDING BLVD**
 CITY-ST-ZIP **O.P. FL**

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

TITLE ☐ Change ☒ Addition
 NAME **TERESA A. KREPS**
 STREET ADDRESS **111 BLANDING BLVD**
 CITY-ST-ZIP **O.P. FL**

TITLE ☐ Change ☒ Addition
 NAME **V/S**
 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: *Gloria A. Shipley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLORIA A. SHIPLEY

2-22-02 **904-272-2435**
 Date Daytime Phone #

CR2E034 (9/01)