

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90083 048 \*\*\*150.00

**DOCUMENT # P00000020205**

1. Entity Name  
**EVERLASTING MEMORIES, INC.**

Principal Place of Business

**6 GLAMIS WAY  
BOYNTON BEACH FL 33426**

Mailing Address

**6 GLAMIS WAY  
BOYNTON BEACH FL 33426**

2. Principal Place of Business

**6 Glamis Way**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boynton Bch FL**

City & State

**FLA.**

Zip

**33426**

Country

**U.S.A.**

Zip

**Same**

Country

**Same**

4. FEI Number

**65-0996931**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, GARRETT  
6 GLAMIS WAY  
BOYNTON BEACH FL 33426**

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

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, 2001 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>Pres</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>Garrett Jacobs</b>        |                                 |
| STREET ADDRESS | <b>6 Glamis Way</b>          |                                 |
| CITY-ST-ZIP    | <b>Boynton Bch FL 33426</b>  |                                 |
| TITLE          | <b>Secretary</b>             | <input type="checkbox"/> Delete |
| NAME           | <b>Finley, Betsy</b>         |                                 |
| STREET ADDRESS | <b>6688 Cassinade Way</b>    |                                 |
| CITY-ST-ZIP    | <b>Boynton Bch FL 33446</b>  |                                 |
| TITLE          | <b>Director</b>              | <input type="checkbox"/> Delete |
| NAME           | <b>Richard Rocklin</b>       |                                 |
| STREET ADDRESS | <b>7608 Foxw. Green Lane</b> |                                 |
| CITY-ST-ZIP    | <b>Lantana FL 33462</b>      |                                 |
| TITLE          | <b>Vice President</b>        | <input type="checkbox"/> Delete |
| NAME           | <b>Garrett Jacobs</b>        |                                 |
| STREET ADDRESS | <b>11223 Eyewater Cir</b>    |                                 |
| CITY-ST-ZIP    | <b>Boynton FL 33414</b>      |                                 |
| 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    |  |   |

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 #

**3/03/01**

**551-966511**

CR2E034 (10/00)