

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0120586 AT

DOCUMENT # P00000049161

1. Entity Name
BONNIE'S MEMORIALS, INC.



FILED

06 JAN 17 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
120 EAST SOUTH STREET
STARKE FL 32092

Mailing Address
120 EAST SOUTH STREET
STARKE FL 32092

zip wrong

2. Principal Place of Business
120 EAST South ST.

3. Mailing Address
120 EAST South ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
STARKE FLA

City & State
STARKE, FLA.

4. FEI Number 59-3647981

Applied For
Not Applicable

Zip 32091 Country BRADFORD

Zip 32091 Country BRADFORD

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Doug E. Reddish

Street Address (P.O. Box Number is Not Acceptable)
134 E. Call St.

City Starke FL Zip Code 32091

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Doug E. Reddish*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/06

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME JOHNS, BONNIE R
STREET ADDRESS 120 EAST SOUTH STREET
CITY-ST-ZIP STARKE FL 32092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100024254851 Change ☐ Addition
12/11/03--01011--017 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100024254851 Change ☐ Addition
01/25/06--01009--001 **450.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100024254851 Change ☐ Addition
10/29/03--01058--010 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bonnie Johns*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06 904-464-6433

CR2E034 (4/03)