

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-11-2002 90082 049 \*\*\*150.00

**DOCUMENT # P01000006855**

1. Entity Name

**GULF COAST PET CREMATORY, INC.**

Principal Place of Business

**1105 JORDAN STREET  
PENSACOLA FL 32503**

Mailing Address

**4771 BAYOU BOULEVARD PMB#194  
PENSACOLA FL 32503**

2. Principal Place of Business

**1606 E. Lakeview Ave.**

3. Mailing Address

**4771 Bayou Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PMB 194**

City & State

**Pensacola, Florida**

City & State

**Pensacola, Florida**

4. FEI Number

**59-3688715**

Applied For

Not Applicable

Zip

**32503**

Country

**Escambia**

Zip

**32503**

Country

**Escambia**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BASS & SANDFORT ACCOUNTANTS, INC.  
127 EAST ZARAGOZA STREET  
SUITE 206  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

**BASS & SANDFORT Accountants Inc**

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

**2620 N 12th Ave**

City

**PENSACOLA**

FL

Zip Code

**32503**

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, 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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, JEFFREY P	
STREET ADDRESS	1105 JORDAN STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, DAVID M	
STREET ADDRESS	1105 JORDAN STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	President	<input type="checkbox"/> Delete
NAME	Gibson, Jeffery P.	
STREET ADDRESS	1606 E. Lakeview Ave.	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Collins, David M.	
STREET ADDRESS	1606 E. Lakeview Ave.	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Verenna, Mary	
STREET ADDRESS	3247 Fieldcrest Rd.	
CITY-ST-ZIP	Loganville, GA 30052	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Gibson, Timothy J.	
STREET ADDRESS	9817 Ravensway Dr.	
CITY-ST-ZIP	Benbrook, TX 76126	

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 checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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.

**Jeffery P. Gibson**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-02**

**850-437-9639**

Date

Daytime Phone #

CR2E034 (9/01)