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Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90138 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000049398

80059142

1. Entity Name
A LASTING MEMORY, INC.

Principal Place of Business	Mailing Address
916 CENTENNIAL AVE. DELTONA, FL 32738	916 CENTENNIAL AVE. DELTONA, FL 32738

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 530 N. Palmetto Ave	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, FL	City & State
Zip: 32771 Country: Seminole	Zip Country

4. FEI Number: 47-0855651 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLOYD, BRUCE W
840 W. NEW YORK AVE.
DELAND, FL 32720

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

SIGNATURE ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICUCCI, CATHY A 916 CENTENNIAL AVE. DELTONA, FL 32738	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Cathy Ricucci 3/17/03 (407)323-1910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #