

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90185 018 ***150.00

0654623 AT

DOCUMENT # P93000001765

1. Entity Name

MEMORIAL PLANS, INC.



Principal Place of Business

8350 NW 52 TERR
20
MIAMI FL 33166
US

Mailing Address

1929 ALLEN PARKWAY
9TH FLOOR DEPT 2934
HOUSTON TX 77019
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0379645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 P ☐ Delete
NAME USELTON, MICHEAL
STREET ADDRESS 1929 ALLEN PKWY
CITY-ST-ZIP HOUSTON TX 77019

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

TITLE VP ☐ Delete
NAME TIMOTHY J. CLAIBORNE
STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR
CITY-ST-ZIP HOUSTON TX 77019

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

TITLE T ☐ Delete
NAME LORING, HARRIS E III
STREET ADDRESS 1929 ALLEN PKWY, 9TH FLOOR
CITY-ST-ZIP HOUSTON TX 77019

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

TITLE VP ☐ Delete
NAME GIPSON, RAY A
STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR
CITY-ST-ZIP HOUSTON TX 77019

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

TITLE D ☐ Delete
NAME GARRETT, SUSAN L
STREET ADDRESS 1929 ALLEN PKWY
CITY-ST-ZIP HOUSTON TX 77019

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

TITLE D ☐ Delete
NAME MARSHALL, JUDITH M
STREET ADDRESS 1929 ALLEN PKWY
CITY-ST-ZIP HOUSTON FL 77019

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

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:

SIGNATURE REQUIRED

HARRIS E LORING III

4/1/03

713-522-5141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)