

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054077

1. Entity Name

SKYWAY MEMORIAL GARDENS ACQUISITION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90060 031 ***150.00

Principal Place of Business

Mailing Address

5200 U.S. HWY. 19 NORTH
PALMETTO FL 34221

4126 NORLAND AVE
BURNABY, B.C. V5G 3S8
CANADA

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

65-0682402

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	WAGLER, PAUL	4126 NORLAND AVE	BURNABY, BC CANADA V5G 3S8	
DAS	HYNDMAN, PETER S	4126 NORLAND AVE	BURNABY, BC CANADA V5G 3S8	<input type="checkbox"/> Delete
VP	GILCHRIST, SEAN M	801 TEAS RD	CONROE TX 77303	<input type="checkbox"/> Delete
ST	AMATO, GEORGE M	4145-58TH ST	WOODSIDE NY 11377	<input checked="" type="checkbox"/> Delete
VP	GRAY, PETER	3190 TREMONT AVENUE	TREVOSE PA 19053-6693	<input type="checkbox"/> Delete
P	CASHNER, JEFFREY L.	801 TEAS ROAD	CONROE TX 77303	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SEE ATTACHED LIST OF ALL DIRECTORS AND OFFICERS			
V				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3205 WEST DAVIS, SUITE 200A	CONROE, TX 77304	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3205 WEST DAVIS, SUITE 200A	CONROE, TX 77304	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3205 WEST DAVIS, SUITE 200A	CONROE, TX 77304	

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 REQUIRED
Peter S. Hyndman

April 14, 2000

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)