

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099839

1. Entity Name
CASKET DISCOUNT COMPANY

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91109 029 ***150.00

Principal Place of Business

5251 110TH AVE N STE 112
STE 112
CLEARWATER FL 33760
US

Mailing Address

5251 110TH AVE N
STE 112
CLEARWATER FL 33760
US

2. Principal Place of Business

2927 22ND AVE N

3. Mailing Address

2927 22ND AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

4. FEI Number

59-3414388

Applied For

Not Applicable

Zip
FL 33713

Country
USA

Zip
33713

Country
USA

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

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR, SUITE #37
PALM HARBOR FL 34684

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, 2001 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 **P** ☒ Delete
NAME **ALEXIS, DOMINIQUE**
STREET ADDRESS **5251 110TH AVE N STE 112**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **P** ☒ Change ☐ Addition
NAME **THURIERE LAURENT**
STREET ADDRESS **2927 22ND AVE N**
CITY-ST-ZIP **ST PETERSBURG, FL 33713**

TITLE **VP** ☒ Delete
NAME **THURIEQE, LAURENT**
STREET ADDRESS **5251 110TH AVE N STE 112**
CITY-ST-ZIP **CLEARWATER FL 33760**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

727-327-8575

Daytime Phone #

CR2E034 (10/00)