**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 01, 2001 8:00 am DOCUMENT # P97000022240 **Secretary of State** JANCY PET BURIAL SERVICE, INC. 02-01-2001 90176 020 \*\*\*150.00 Principal Place of Business Mailing Address O STO I AUGHLIN ROAD -10-200 LAUGHUN BOAD ZELLWOOD FL 32798 ZELLWOOD FL 32798 2. Principal Place of Business 4596 LAUCHLIN RO. Suite, Apt. #, etc. Po. Box 870 DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3438146 Zellword Fl. 32798 201/W00A Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ORANGE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEGLEY, CARL E 4596 Loughling RO. Street Address (P.O. Box Number is Not Acceptable) 10-289-LAUGHLIN-ROAD ZELLWOOD FL 32798 Zip Code City 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. arm. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Delete ☐ Addition TITLE TITLE BEGLEY, CARL E NAME NAME STREET ADDRESS 7219 CHESTERHILL CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BEGLEY, DEW D NAME NAME 7219 CHESTERHILL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MOUNT DORA FL 32757** TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP 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. CARLE. Beckley 1-10-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR