

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042473

1. Entity Name

CASKET STORE & CREMATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90096 022 ***150.00

Principal Place of Business

Mailing Address

2400 SOUTH RIDGEWOOD AVE.
STORE #30
SOUTH DAYTONA FL 32119

2400 SOUTH RIDGEWOOD AVE.
STORE #30
SOUTH DAYTONA FL 32119-3097

2. Principal Place of Business

661 BEVILL RD.

Suite, Apt. #, etc.

110-111

3. Mailing Address

661 BEVILLE RD

Suite, Apt. #, etc.

110-111

City & State

SOUTH DAYTONA

City & State

SOUTH DAYTONA

4. FEI Number

59-3446465

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

HUGHES, GEORGE

3757 S. ATLANTIC AVE. #1106

DAYTONA BEACH SHORES FL 32127

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 ☐ Delete
NAME D
STREET ADDRESS HUGHES, GEORGE
CITY-ST-ZIP 3757 S. ATLANTIC AVE. #1106
DAYTONA BEACH SHORES FL 32127

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HUGHES, MARION
CITY-ST-ZIP 3757 S. ATLANTIC AVE. #1106
DAYTONA BEACH SHORES FL 32127

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:

Marion Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00
Date

904-304-5615
Daytime Phone #

CR2E034 (9/99)