

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073059

1. Entity Name

MEMORIAL SERVICES CORPORATION

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

04-25-2000 90060 023 ***150.00

Principal Place of Business

Mailing Address

4126 NORLAND AVENUE
BURNABY BC V5G-3S8

4126 NORLAND AVENUE
BURNABY BC V5G

2. Principal Place of Business

2942 GULF BREEZE PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

4. FEI Number

59-3465484

Applied For

Not Applicable

Zip

32561

Country

USA

Zip

V5G 3S8

Country

CANADA

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 **P** ☐ Delete
NAME **CASHNER, JEFFREY L**
STREET ADDRESS **801 TEAS ROAD**
CITY-ST-ZIP **CONROE TX 77303**

TITLE ☒ Change ☐ Addition
NAME **3205 WEST DAVIS, SUITE 200A**
STREET ADDRESS **CONROE, TX 77304**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **GILCHRIST, SEAN M**
STREET ADDRESS **801 TEAS RD**
CITY-ST-ZIP **CONROE TX 77303**

TITLE ☒ Change ☐ Addition
NAME **3205 WEST DAVIS, SUITE 200A**
STREET ADDRESS **CONROE, TX 77304**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **GRAY, PETER B**
STREET ADDRESS **3190 TREMONT AVE**
CITY-ST-ZIP **TREVOSE PA 19053**

TITLE ☒ Change ☐ Addition
NAME **AS**
STREET ADDRESS **3205 WEST DAVIS, SUITE 200A**
CITY-ST-ZIP **CONROE, TX 77304**

TITLE **AS** ☒ Delete
NAME **HARDIMAN, JOSEPH T**
STREET ADDRESS **801 TEAS RD**
CITY-ST-ZIP **CONROE TX 77303**

TITLE ☐ Change ☐ Addition
NAME **SEE ATTACHED LIST**
STREET ADDRESS **OF ALL DIRECTORS AND OFFICERS**
CITY-ST-ZIP

TITLE **DAS** ☐ Delete
NAME **HYNDMAN, PETER S**
STREET ADDRESS **4126 NORLAND AVNEUE**
CITY-ST-ZIP **BURNABY BC V5G-3S8**

TITLE **V** ☐ Change ☒ Addition
NAME **SEE ATTACHED LIST**
STREET ADDRESS **OF ALL DIRECTORS AND OFFICERS**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WAGLER, PAUL**
STREET ADDRESS **4126 NORLAND AVE**
CITY-ST-ZIP **BURNABY BC CANADA V5G 3S8**

TITLE ☐ Change ☐ Addition
NAME **SEE ATTACHED LIST**
STREET ADDRESS **OF ALL DIRECTORS AND OFFICERS**
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 REQUIRED
Peter S Hyndman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2000

(604) 299-9321

Date

Daytime Phone #

CR2E034 (9/99)