

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109036

1. Entity Name

CASKET GALLERIA OF PENSACOLA CORP.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90363 023 \*\*\*150.00

0002390

Principal Place of Business

Mailing Address

3830 NORTH DAVIS HIGHWAY  
PENSACOLA FL 32503

3830 NORTH DAVIS HIGHWAY  
PENSACOLA FL 32503

2. Principal Place of Business

3. Mailing Address

see above/ same

see above/ same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3483897

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, JACK L II  
9761 QUAIL HOLLOW CIRCLE  
PENSACOLA FL 32514

Name

Carol N. Jones

Street Address (P.O. Box Number is Not Acceptable)

7640 LeJeune Drive

Pensacola, Fl. 32514

City

Pensacola

FL

Zip Code

32514

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

Carol N. Jones, President

04/30/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required upon 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	<input checked="" type="checkbox"/> Delete
NAME	JONES, JACK L II	
STREET ADDRESS	9761 QUAIL HOLLOW CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JONES, JACK L II	
STREET ADDRESS	9761 QUAIL HOLLOW CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME	Carol N. Jones	
STREET ADDRESS	7640 LeJeune Drive	
CITY-ST-ZIP	Pensacola, Fl. 32514 President	
TITLE		<input type="checkbox"/> Delete
NAME	Carol N. Jones	
STREET ADDRESS	7640 LeJeune Drive	
CITY-ST-ZIP	Pensacola, Fl. 32514 Secretary	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Carol N. Jones

Carol N. Jones, President

4-300/ 850-433-5700

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)