

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

0002390

**DOCUMENT # P97000109036**

1. Entity Name

**CASKET GALLERIA OF PENSACOLA CORP.**

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

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**  
 Suite, Apt. #, etc.

**see above/ same**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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 *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	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>JONES, JACK L II</b>
STREET ADDRESS	<b>9761 QUAIL HOLLOW CIRCLE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>JONES, JACK L II</b>
STREET ADDRESS	<b>9761 QUAIL HOLLOW CIRCLE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>Carol N. Jones</b>
STREET ADDRESS	<b>7640 LeJeune Drive</b>
CITY-ST-ZIP	<b>Pensacola, Fl. 32514 President</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>Carol N. Jones</b>
STREET ADDRESS	<b>7640 LeJeune Drive</b>
CITY-ST-ZIP	<b>Pensacola, Fl. 32514 Secretary</b>
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** 4/30/01 850-433-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)