2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000042657 DEJAY MEMORIALS, INC. 05-01-2001 90092 042 ***150.00 Principal Place of Business Mailing Address 7131 SOUTH COUNTYLINE ROAD 7131 SOUTH COUNTYLINE ROAD PLANT CITY FL 33567 PLANT CITY FL 33567 OBBBV 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3512191 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENKINS, LUANN Street Address (P.O. Box Number is Not Acceptable) 7131 SOUTH COUNTY LINE RD PLANT CITY FL 33567 City Zio 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 TITLE Delete ☐ Change TITLE JENKINS, LU A NAME NAME STREET ADDRESS 7131 SOUTH COUNTYLINE ROAD STREET ADDRESS CITY - ST - ZIP PLANT CITY FL 33567 CITY-ST-7IP TITLE Delete TITLE Addition JENKINS, LU A NAME MAME STREET ADORESS 7131 SOUTH COUNTYLINE ROAD STREET ADDRESS CITY-ST-ZiP PLANT CITY FL 33567 CITY-ST-7IP TITLE ☐ Delete TITL 9 Change Addition JENKINS, DAVID R NAME NAME STREET ADDRESS 7131 SOUTH COUNTYLINE ROAD STREET ADDRESS CITY-ST-ZIF PLANT CITY FL 33567 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receive 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:

SIGNING OFFICER OR RECTOR