2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000093160**

1. Entity Name
FLAGLER MONUMENTS & MEMORIALS, INC.

Principal Place of Business	Mailing Address
1316 US 1 SO	PO BOX 524
BUNNELL FL	BUNNELL FL
32110	32110

2. Principal Place of Business	3. Mailing Address
500 NORTH A1A	PO BOX 532
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FLAGLER BEACH FL	City & State: FLAGLER BEACH FL
Zip: 32136 Country:	Zip: 32136 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3534140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER J. STEPHEN
19 OLD MISSION AVENUE
ST. AUGUSTINE FL
32095 US

7. Name and Address of New Registered Agent

Name: DAVIS MICHEAL S
Street Address (P.O. Box Number is Not Acceptable): 2311 NORTH ANDREWS AVE.
City: WILTON MANORS FL Zip Code: 33311

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 MICHEAL S. DAVIS 05/01/2001
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VPS NAME: HYNES DOROTHY M STREET ADDRESS: 36 SHADY LANE, SOUTH CITY-ST-ZIP: PALM COAST FL 32137	☐ Change ☒ Addition
TITLE: PST NAME: EDMONSON KAREN M STREET ADDRESS: 807 NORTH ANDERSON STREET CITY-ST-ZIP: BUNNELL FL 32110	☐ Delete	TITLE: PT NAME: BLUMENAUER MARTHA B STREET ADDRESS: 67 COURTNEY PLACE CITY-ST-ZIP: PALM COAST FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Martha B. Blumenauer PT 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #