2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$67810** 1. Entity Name DOVE MEMORIALS, INC. Principal Place of Business Mailing Address 2590 - 17TH STREET P.O. BOX 135 SARASOTA F. 34234 SARASOTA FL 34230-0135

FILED Mar 27, 2000 8:00 am Secretary of State 03-27-2000 90068 014 ***150.00



See Tribulate of Status Desired \$8,75 Additional Fee Required 6. Name and Address of Current Registered Agent WILSON, JUDITH 2590 17TH STREET SARASOTA FL 34230 Street Address (P.O. Box Number is Not Acceptable) Total Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Total Street Address (P.O. Box Number is Not Acceptable) Total Signature, to address of Florida. Signature, to address of the purpose of changing its registered agent, or both, in the State of Florida. Signature, to address of the purpose of changing its registered agent, or both, in the State of Florida. Signature, to address of the purpose of changing its registered agent, or both, in the State of Florida. Signature, to address of Florida. Sign	2. Principal P	lace of Business	3. Mailing Address					
Signature growth and elects to do so. Signature growth and elects to do so.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent WILSON, JUDTH 2590 17TH STREET SARASOTA FL 34230 City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered algome, or both, in the State of Florida. Sifenature 9. This corporation is eligible to satisfy its Intangible Tax thing requirement and elects to do so. (See critical and back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IN THE SIREF ADDRESS TITLE WILSON, KENNETH SIREF ADDRESS OITY-ST-ZIP WILSON, SIDTH ST. SIREF ADDRESS OITY-ST-ZIP WILSON, JUDTH SIREF ADDRESS OITY-ST-ZIP Delete ITTLE MAKE SIREF ADDRESS OITY-ST-ZIP DELETE TO TAX DELETE ADDRESS OITY-ST-ZIP DELETE TO TAX DELETE ADDRESS OITY-ST-ZIP DELETE TO TAX DELETE ADDRESS OITY-ST-ZI			City & State		4. FEI Number 65-0267204	Applied For Not Applicable		
WILSON, JUDITH 2590 17TH STREET SARASOTA FL 34230 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Florida. SIGNATURE Signature topic of profites here of registered agent and stell associable. (NOTE Registered Agent speaker Regular July 1997) 9. This corporation is eligible to satisfy its Intangible Tax failing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE WILSON, KENNETH WILSON, KENNETH WILSON, KENNETH WILSON, KENNETH WILSON, KENNETH WILSON, KENNETH WILSON, MARNETH WILSON, JUDITH SIRET ADDRESS CITY-ST-2P TITLE WILSON, JUDITH ST. SIRET ADDRESS CITY-ST-2P TITLE MAKE	Zip	Country	Zip	Country	5. Certificate of Status Desired			
WILSON, JUDITH 2590 17TH STREET SARASOTA FL 34230 City FL Zip Code City FL Zip Code City FL Zip Code 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 Plorida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS OTH-51-2P TITLE NAME SIRET ADDRES		6. Name and Address of Curre	ent Registered Agent	<u>, </u>	7. Name and Address of New Registe	red Agent		
2590 17TH STREET SARASOTA FL 34230 City FL Zip Code City FL Zip Code City FL Zip Code 3. 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 Forest named impatient agent and title if applicable. Protect Progressive Agent agents regulated when remetating) PATE 9. This corporation is eligible to satisfy its intangible Tax string requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE WILSON, KENNETH MAKE SIRET ADDRESS CITY 51-2P TILE Delete TILE NAME SIRET ADDRESS CITY 51-2P TILE Delete TILE NAME SIRET ADDRESS CITY 51-2P TILE Delete TILE NAME SIRET ADDRESS CITY 51-2P TILE NAME SIRET				Name	······································			
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, topod or printed series of registered dependent entities to compare the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, topod or printed series of registered agent and relief to applicable. NOTE Preparenes Agent series agent, or both, in the State of Florida. SIGNATURE Signature, topod or printed series of registered agent, or both, in the State of Florida. SIGNATURE Signature, topod or printed series of registered agent, or both, in the State of Florida. SIGNATURE SIT	2590 17TH STREET			Street Addres				
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRRET ADDRESS CITY-ST-2P CITY-				City				
Tax filing recultement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Fund Contribution. Add						ATE.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Tax filing r	equirement and elects to do so.	After MAY 1, 20	000 Fee will be \$550.00	Trust Fund Contribution			
NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL TITLE ST WILSON, JUDITH 2590 17TH ST. SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	11.	OFFICERS AI	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS	WILSON, KENNETH 2590 17TH ST.	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition		
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	WILSON, JUDITH 2590 17TH ST.	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition		
TITLE Delete TITLE Change Addition Addi	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition		
NAME NAME	NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition		
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	NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP				