FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90117 037 ***150.00

DOCUMENT # 136240

1. Entity Name

WHIDDEN-MCLEAN FUNERAL HOME, INC.

DO NOT WRITE IN THIS SPACE

830862

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
650 E MAIN ST	650 E MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 1020
City & State: BARTOW, FL	City & State: BARTOW, FL
Zip: 33831-1020 Country: US	Zip: 33831-1020 Country: US

4. FEI Number: 59-0464463 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: MCLEAN, DONALD S, JR.

Street Address (P.O. Box Number is Not Acceptable): 1570 PALM PLACE

City: BARTOW FL Zip Code: 33830

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PT
NAME	MCLEAN, DONALD S JR
STREET ADDRESS	1570 S PALM PLACE
CITY-ST-ZIP	BARTOW FL
TITLE	VPS
NAME	MCLEAN, DONALD S JR
STREET ADDRESS	1570 S PALM PLACE
CITY-ST-ZIP	BARTOW FL
TITLE	VPS
NAME	MCLEAN, MARC B
STREET ADDRESS	220 N IDLEWOOD AVE
CITY-ST-ZIP	BARTOW FL
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DONALD MCLEAN PRES 4/3/02 863-533-8123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #