

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90053 031 ***150.00

DOCUMENT # 497605

1. Entity Name
ROBERSON FUNERAL HOME & CREMATORY, INC.

Principal Place of Business
2151 TAMiami TRAIL
~~PO BOX 2966~~
PORT CHARLOTTE FL 33948-2112

Mailing Address
~~2151 TAMiami TRAIL~~
~~PO BOX 2966~~ **495096**
~~PORT CHARLOTTE FL 33948-2112~~
33949-5096



2. Principal Place of Business

3. Mailing Address
P.O. Box 495096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Port Charlotte, FL

4. FEI Number
59-1654938

Applied For
 Not Applicable

Zip Country

Zip
33949-5096

Country
USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

ROBERSON, KENNETH L
2151 TAMiami TRAIL
PORT CHARLOTTE FL ~~33952~~ 33948

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **33948**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PD ROBERSON, KENNETH L 2151 TAMiami TRAIL PORT CHARLOTTE, FL 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERSON, JAMES C 2151 TAMiami TRAIL PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerers.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

2/16/02

941-629-3141

Date Daytime Phone #

CR2E034 (9/01)