

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90132 023 ***150.00

NS02763 AV

DOCUMENT # 497605

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



Principal Place of Business
~~PO BOX 495096~~
~~PORT CHARLOTTE FL 33949-5096~~

Mailing Address
PO BOX 495096
~~PO BOX 2908~~ *delete*
PORT CHARLOTTE FL 33949-5096



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2151 Tamiami Trail

3. Mailing Address
PO Box 495096

Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

4. FEI Number **59-1654938**

Applied For
 Not Applicable

Zip **33948** Country **USA**

Zip **33949-5096** Country

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

6. Name and Address of Current Registered Agent

ROBERSON, KENNETH L
2151 TAMIAM I TRAIL
PORT CHARLOTTE FL 33949 33948

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERSON, KENNETH L 2151 TAMIAM I TRAIL PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERSON, JAMES C 2151 TAMIAM I 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE: [Signature]** (941)
Date: **Jan. 11, 2003** 629-3141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Kenneth L. Roberson, President** Daytime Phone #

CR2E034 (10/02)