

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90364 040 ***150.00

DOCUMENT # 602485

1. Entity Name
HOOPER FUNERAL HOMES, INC.



Principal Place of Business
501 W MAIN STREET
PO BOX 305
INVERNESS FL 34450
US

Mailing Address
501 W MAIN STREET
PO BOX 305
INVERNESS FL 32650



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1306023**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOPER, DWIGHT L
501 W MAIN ST.
INVERNESS FL 34450

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOOPER, LOWELL W. 1220 E. LAKEVIEW DRIVE INVERNESS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARPER, JOHN E. 506 HIAWATHA AVE INVERNESS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOOPER, RUTH B. 1220 E. LAKEVIEW DRIVE INVERNESS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOOPER, DWIGHT L. 501 W. MAIN ST. INVERNESS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C T Lowell W. Hooper 1220 E. Lakeview Dr. Inverness FL 34450	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dwight L. Hooper 8646 E. Sweetwater Dr. Inverness FL 34450	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gary D. Gross 4595 S. Robert Blake Ave Inverness FL 34450	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)