

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90537 001 \*\*\*450.00

**DOCUMENT # P0100011166**

1. Entity Name  
**SUNCOAST CREMATORY INC.**

Principal Place of Business  
**2966 BELCHER ROAD  
 DUNEDIN FL 34698**

Mailing Address  
~~2966 BELCHER ROAD  
 DUNEDIN FL 34698~~

2. Principal Place of Business

3. Mailing Address  
**2510 SUNSET POINT ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CLEARWATER, FL**

4. FEI Number

**59-3757182**

Applied For

Not Applicable

Zip

Country

Zip  
**33765**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~BRUNO, MICHAEL L  
 600 BYPASS DRIVE  
 118  
 CLEARWATER FL 33764~~

7. Name and Address of New Registered Agent

Name  
**CHARLES SCALISI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2510 SUNSET POINT ROAD**  
 City  
**CLEARWATER FL** Zip Code  
**33765**

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

(NOTE: Registered Agent signature required when reinstating)

**4-29-02**

DATE

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

| 11. OFFICERS AND DIRECTORS                      |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>PRES. CHARLES SCALISI</b>            | <input type="checkbox"/>        | NAME  | <input type="checkbox"/>  |
| STREET ADDRESS<br><b>2510 SUNSET POINT ROAD</b> |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>CLEARWATER, FL 33765</b>      |                                 | CITY-ST-ZIP   |   |
| NAME<br><b>VICE-PRES. TRACEY SCALISI</b>        | <input type="checkbox"/>        | NAME  | <input type="checkbox"/>  |
| STREET ADDRESS<br><b>2510 SUNSET POINT ROAD</b> |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>CLEARWATER, FL 33765</b>      |                                 | CITY-ST-ZIP   |   |
| NAME  | <input type="checkbox"/>        | NAME  | <input type="checkbox"/>  |
| STREET ADDRESS                                  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                                     |                                 | CITY-ST-ZIP   |   |
| NAME  | <input type="checkbox"/>        | NAME  | <input type="checkbox"/>  |
| STREET ADDRESS                                  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                                     |                                 | CITY-ST-ZIP   |   |
| NAME  | <input type="checkbox"/>        | NAME  | <input type="checkbox"/>  |
| STREET ADDRESS                                  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                                     |                                 | CITY-ST-ZIP   |   |
| NAME  | <input type="checkbox"/>        | NAME  | <input type="checkbox"/>  |
| STREET ADDRESS                                  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                                     |                                 | 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 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 empowered.

SIGNATURE:  **CHARLES SCALISI** / **4-29-02** / **727-799-3898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)