

# 2000-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90101 047 \*\*\*550.00

**DOCUMENT # P27177**

1. Entity Name  
**NEPTUNE SOCIETY MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
**531 E. OAKLAND PARK BLVD.** **1721 W MAGNOLIA BLVD**  
**OAKLAND PARK FL 33334** **BURBANK CA 91506-1839**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
**Suite, Apt. #, etc.** **3500 W. OLIVE**

**Suite, Apt. #, etc.** **SUITE 1430**

City & State City & State  
**BURBANK, CA**

Zip Country Zip Country  
**91505** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **77-0154551** Applied For  
 Not Applicable

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**

**ANDERSON, DAVID W.**  
**2181 INDIAN ROCKS ROAD**  
**LARGO FL 34644**

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.

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, 2000 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	<b>PTD</b> <b>WEINTRAUB, EMANUEL</b> <b>1721 W MAGNOLIA BLVD.</b> <b>BURBANK CA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARY LOFFREDO</b> <b>2424 N. FEDERAL HWY #101</b> <b>BOCA RATON, FLA 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>STARK, LINDA</b> <b>80 MAIN ST</b> <b>W ORANGE NJ</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MARCO MARKIN</b> <b>3500 W. OLIVE, #1430</b> <b>BURBANK, CA 91505</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHULMAN, JILL</b> <b>1721 W MAGNOLIA BLVD</b> <b>BURBANK CA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>THOMAS J. SOUCY</b> <b>3500 W. OLIVE #1430</b> <b>BURBANK, CA 91505</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>AHRENS, HARA</b> <b>531 E OAKLAND PARK BLVD.</b> <b>OAKLAND PARK FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BARNE, S PATRICIA</b> <b>1721 W MGNOLIA BLVD</b> <b>BURBANK CA</b> <input checked="" type="checkbox"/> Delete	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"/> Delete	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 empowered.

SIGNATURE: Thomas J. Soucy **THOMAS J. SOUCY** **5/1/00** **818-953-9995**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)