

DOCUMENT # P00000066437

1. Entity Name  
AAN ETERNAL STAR CREMATION SOCIETY INC.

Principal Place of Business Mailing Address  
4318 W. BROWARD BLVD., SUITE 4 4318 W. BROWARD BLVD., SUITE 4  
PLANTATION FL 33324 PLANTATION FL 33324

2. Principal Place of Business 3. Mailing Address  
4318 W. Broward Blvd 4318 W. Broward Blvd  
Suite, Apt. #, etc. Suite # 4 Suite # 4  
City & State City & State  
PLANTATION FL. PLANTATION FL.  
Zip 33317 Country Broward Zip 33317 Country Broward

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90015 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1021331 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  
STEELE, BOBBY JR. Name  
3251 CORALHILLS DR., SUITE 5 Street Address (P.O. Box Number is Not Acceptable)  
CORAL SPRINGS FL 33065 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. ☐ FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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	PDT MEYER, GERRY 4318 W. BROWARD BLVD., SUITE 4 PLANTATION FL 33324 <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	VSD STEELE, BOBBY 4318 W. BROWARD BLVD., SUITE 4 PLANTATION FL 33324 <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
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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: Gerald Meyer 1-2-01 954-581-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)