2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 118063

Address:

City-St-Zip:

1010 E. PALMETTO AVE

MELBOURNE, FL 32901 US

Entity Name: BROWNLIE FUNERAL HOME, INC.

FILED Jan 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1010 E. PALMETTO AVE P.O. BOX 157 MELBOURNE, FL 32901 **New Mailing Address: Current Mailing Address:** 1010 E. PALMETTO AVE P.O. BOX 157 MELBOURNE, FL 32901 FEI Number: 59-1077207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREGORY S. MAXWELL 1010 EAST PALMETTO AVENUE MELBOURNE, FL 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MAXWELL, BERT S., Name: Name: 1010 E. PALMETTO AVE Address: Address: City-St-Zip: MELBOURNE, FL 32901 US City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: MAXWELL, GREG S. Name: 1010 E. PALMETTO AVE Address: Address: MELBOURNE, FL 32901 US City-St-Zip: City-St-Zip: () Delete Title: Title: STD () Change () Addition BROWNLIE, MICHAEL C. Name: Name: 1010 F PALMETTO AVE Address: Address: City-St-Zip: MELBOURNE, FL 32901 US City-St-Zip: Title: VD () Delete Title: () Change () Addition BROWNLIE, V. CONGER, Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BERT S. MAXWELL PD 01/26/2002