

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 29, 2001 08:00 AM****Secretary of State****DOCUMENT # 241522**1. Entity Name  
**PARKLAWN MEMORY GARDENS, INC.****Principal Place of Business****Mailing Address**

2966 BELCHER RD., N.

2966 BELCHER RD., N.

PALM HARBOR

FL

PALM HARBOR

FL

346836998

346836998

**2. Principal Place of Business**

2966 BELCHER ROAD NORTH

**3. Mailing Address**

2966 BELCHER ROAD NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

PALM HARBOR

FL

**City & State**

PALM HARBOR

FL

**Zip**

346836998

**Country****Zip**

346836998

**Country****4. FEI Number****59-1168826****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****TIMMER MARILYN**  
1425 BELLEVUE AVE.

DAYTONA BEACH

32114

US

FL

**7. Name and Address of New Registered Agent****Name****TIMMER MARILYN****Street Address (P.O. Box Number is Not Acceptable)**

2966 BELCHER ROAD NORTH

**City**

PALM HARBOR

**FL****Zip Code**

34683

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)

**03/29/2001**

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, 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**

<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>TIMMER, WILLARD I.</b>
<b>STREET ADDRESS</b>	<b>1428 BELLEVUE AVE.</b>
<b>CITY-ST-ZIP</b>	<b>DAYTONA BEACH FL</b>
<b>TITLE</b>	<b>TS</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>TIMMER, MARILYN</b>
<b>STREET ADDRESS</b>	<b>1428 BELLEVUE AVE.</b>
<b>CITY-ST-ZIP</b>	<b>DAYTONA BEACH FL</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WALSH, MARILYN JEAN</b>
<b>STREET ADDRESS</b>	<b>458 VILLAGE DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TARPON SPRINGS FL 34689</b>
<b>TITLE</b>	<b>TS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WALSH, MICHAEL P</b>
<b>STREET ADDRESS</b>	<b>458 VILLAGE DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TARPON SPRINGS FL 34689</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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: MARILYN JEAN WALSH****P****03/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)