2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State ี้ DัSCUMENT # 369100 1. Entity Name PINEWOOD MEMORIAL CEMETERY, INC. 04-17-2001 90102 048 ***150.00 Mailing Address Principal Place of Business 31140 OVERSEAS HWY P.O. BOX 521 BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1367275 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORK, FREDERICK M Street Address (P.O. Box Number is Not Acceptable) 31140 OVERSEAS HWY **BIG PINE KEY FL 33043** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE TITLE □ Delete LAWSON, GAIL NAME NAME STREET ADDRESS 31140 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIG PINE KEY FL 33043** Change ☐ Addition TITLE Delete TITI F LAWSON, GEORGE NAME 2225 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP FT MYERS FL 33901 ☐ Addition Delete TITLE TITLE" LAWSON, THOMAS NAME NAME STREET ADDRESS 2225 MAIN STREET STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33901 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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