

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90016 024 ***150.00

0472317 AV

DOCUMENT # 501653

1. Entity Name

CHUCK'S BURIAL VAULTS, INC.

Principal Place of Business

~~1220 EAST SUMMERLIN ST.~~

~~PO BOX 176~~

~~BARTOW FL 33830~~

Mailing Address

~~1220 EAST SUMMERLIN ST.~~

~~PO BOX 176~~

~~BARTOW FL 33830~~

Bldg 227
Bartow Airport
BARTOW FL 33830
33831-0176

2. Principal Place of Business

Bldg 227 Bartow Airport

3. Mailing Address

PO 176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow FL

City & State

BARTOW FL

Zip

33830

Country

USA

Zip

33831-0176

Country

US

4. FEI Number

59-1681168

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

POLCARO, JOHN
3495 HIGHWAY 17 N
BARTOW FL 33830

7. Name and Address of New Registered Agent

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

John Polcaro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **P** ☐ Delete
NAME **POLCARO, JOHN CHARLES**
STREET ADDRESS **3495 HIGHWAY 17 N**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **V** ☐ Delete
NAME **STUBBS, BONNIE**
STREET ADDRESS **1220 E SUMMERLIN ST**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John Polcaro
JOHN POLCARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/02 **(863) 533-8420**

Date Daytime Phone #

CR2E034 (9/01)