

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90392 022 ***150.00

0130270 AV

DOCUMENT # 600429

1. Entity Name

E.A. STEVENS FUNERAL HOME P A

Principal Place of Business

**315 NW PEMBROKE RD.
 HALLANDALE FL 33009**

Mailing Address

**315 NW PEMBROKE RD.
 HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1272897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEVENS, YVONNE
 315 NW PEMBROKE RD.
 HALLANDALE FL 33009**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **STEVENS, YVONNE**
 STREET ADDRESS **315 NW PEMBROKE RD**
 CITY-ST-ZIP **HALLANDALE, FL 00000**

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

TITLE **FD** ☒ Delete
 NAME **LEE, H W**
 STREET ADDRESS **315 N.W. PEMBROKE RD**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **F.D.** ☐ Change ☐ Addition
 NAME **IDA L. SIMMONS**
 STREET ADDRESS **315 N.W. PEMBROKE ROAD**
 CITY-ST-ZIP **HALLANDALE, BEACH, FLORIDA 33009**

TITLE **V** ☐ Delete
 NAME **STEVENS, KENNEDY**
 STREET ADDRESS **315 N.W. PEMBROKE ROAD**
 CITY-ST-ZIP **HALLANDALE FL**

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

TITLE **T** ☐ Delete
 NAME **STEVENS, LAVETTE**
 STREET ADDRESS **315 N.W. PEMBROKE ROAD**
 CITY-ST-ZIP **HALLANDALE FL**

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

TITLE **S** ☐ Delete
 NAME **WRIGHT, WANDA**
 STREET ADDRESS **315 N.W. PEMBROKE ROAD**
 CITY-ST-ZIP **HALLANDALE FL**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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 any other like empowered.

SIGNATURE: Yvonne Stevens YVONNE STEVENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 954-452-4884

Date Daytime Phone #

CR2E034 (9/01)