

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90136 014 \*\*\*550.00

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**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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1272897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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  
**KENNEDY A. STEVENS**

Street Address (P.O. Box Number is Not Acceptable)  
**315 N. W. PEMBROKE ROAD**

**HALLANDALE, FLORIDA 33009**

City  
**HALLANDALE**

**FL**

Zip Code  
**33009**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**KENNEDY A. STEVENS, (P) 9/4/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STEVENS, YVONNE (DECEASED) 315 NW PEMBROKE RD HALLANDALE, FL 00000</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FD SIMMONS, IDA L 315 NW PEMBROKE RD HALLANDALE FL 33009</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STEVENS, KENNEDY 315 N.W. PEMBROKE ROAD HALLANDALE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STEVENS, LAVETTE 315 N.W. PEMBROKE ROAD HALLANDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WRIGHT, WANDA 315 N.W. PEMBROKE ROAD HALLANDALE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STEVENS, KENNEDY A. 315 NW PEMBROKE RD. HALLANDALE, FLA. 33009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FUNERAL DIRECTOR RAHMING-JOHNSON, PEGGY 315 NW PEMBROKE ROAD HALLANDALE, FLA. 33009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WRIGHT, WANDA 315 NW PEMBROKE ROAD HALLANDALE, FLA. 33009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S McCUTCHEN, ALMA 315 NW PEMBROKE RD. HALLANDALE, FLA. 33009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**KENNEDY A. STEVENS (P) 9/4/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)