

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90245 044 ***150.00

0086647

DOCUMENT # 602880

1. Entity Name

STRUNK FUNERAL HOMES, P. A.

Principal Place of Business

% GEORGE G. COLLINS, JR.
 756 BEACHLAND BLVD. POST OFFICE BOX 3686
 VERO BEACH FL 32963-8745

Mailing Address

% GEORGE G. COLLINS, JR.
 756 BEACHLAND BLVD. POST OFFICE BOX 3686
 VERO BEACH FL 32963-8745

C0051557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1352474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, GEORGE G., JR.
756 BEACHLAND BOULEVARD
VERO BEACH FL 32960

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

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, 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

TITLE: PD
 NAME: STRUNK, GLENN A.
 STREET ADDRESS: 916 - 17TH ST.
 CITY-ST-ZIP: VERO BEACH FL

Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Delete

TITLE:
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TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN A. STRUNK

Date

Daytime Phone #

4/17/01

361-562-2325

CR2E034 (10/00)