

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603134

1. Entity Name

FSK FUNERAL HOME, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90006 042 ***150.00

Principal Place of Business

Mailing Address

1107 MASSACHUSETTS AVE.
ST CLOUD FL 34769-3733

1107 MASSACHUSETTS AVE.
ST CLOUD FLA 34769-3733

2. Principal Place of Business

201 Virginia Ave.

3. Mailing Address

201 Virginia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

City & State

St. Cloud, Florida

4. FEI Number

59-1362790

Applied For

Not Applicable

Zip

34769

Country

Osceola

Zip

34769

Country

Osceola

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

FSK, ROBERT A
1107 MASS AVE
ST CLOUD FL 32769

Name

Robert A. Fisk

Street Address (P.O. Box Number is Not Acceptable)

201 Virginia Ave.

City

St. Cloud

FL

Zip Code

34769

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, 2000 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	<input type="checkbox"/> Delete
NAME	FISK, ROBERT A	
STREET ADDRESS	1107 MASS AVE	
CITY-ST-ZIP	ST CLOUD, FL 0	
TITLE	V	<input type="checkbox"/> Delete
NAME	KLAASEN, SUSAN FISK	
STREET ADDRESS	1105 BAYWOOD CT	
CITY-ST-ZIP	MALABAR FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FISK, ALMA G	
STREET ADDRESS	1107 MASS AVE	
CITY-ST-ZIP	ST CLOUD, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISK, WILLIAM A	
STREET ADDRESS	200 MARYLAND AVE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fisk, Robert A.	
STREET ADDRESS	201 Virginia Ave.	
CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fisk, Alma G.	
STREET ADDRESS	201 Virginia Ave.	
CITY-ST-ZIP	St. Cloud, F: 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert A. Fisk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 28, 2000

Date

407/892-2155

Daytime Phone #

CR2E034 (9/99)