FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am 603637 DOCUMENT # **Secretary of State** 1. Entity Name 02-21-2002 90076 029 ***150.00 THOMAS J. BRETT FUNERAL HOME, INC. Principal Place of Business Mailing Address 1 1 1 1 1 4 4 **4810 CENTRAL AVE 4810 CENTRAL AVE** ST. PETERSBURG FL 33711-1044 ST. PETERSBURG FL 33711-1044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1402468 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRETT, TIMOTHY T Street Address (P.O. Box Number is Not Acceptable) 4810 CENTRAL AVE. ST PETERSBURG FL 33711 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE, . ☐ Delete TITLE ☐ Change Addition NAME 28 BRETT, TIMOTHY T. NAME 4810 CENTRAL AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE Addition TITLE SDT □ Delete ☐ Change NAME BRETT, TERRENCE E. NAME STREET ADDRESS STREET ADDRESS **4810 CENTRAL AVENUE** CITY-ST-7IP ST PETERSBURG FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME BRETT, GAIL W NAME STREET ADDRESS STREET ADDRESS **4810 CENTRAL AVE** CITY-ST-ZIE CITY-ST-7IP ST. PETERSBURG FL Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

LW Britt: GAL W BRETT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: