

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90439 012 ***158.75

DOCUMENT # 667467

1. Entity Name
CARTHAGE CHAPEL FUNERAL HOME, INC.



Principal Place of Business
**933 W. BEAVER ST
JACKSONVILLE FL 32204
US**

Mailing Address
**P. O. BOX 2412
JACKSONVILLE FL 32203
US**

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 **59-1997104**

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

**PEELE, KENNETH JR
929 WEST BEAVER ST
PO BOX 2412
JACKSONVILLE FL 32203**

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

SIGNATURE *Kenneth Peele, Kenneth Peele Jr*

1-9-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **ST**
STREET ADDRESS **PEELE, SHARON L**
CITY-ST-ZIP **4336 ROTH DRIVE, SOUTH JACKSONVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME **P**
STREET ADDRESS **PEELE, KENNETH JR**
CITY-ST-ZIP **1234 TURTLE CREEK DR. N. JACKSONVILLE FL 32218**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME **VPD**
STREET ADDRESS **PEELE-PITTS, GAYLE**
CITY-ST-ZIP **3339 FRANKLIN AVENUE COCONUT GROVE FL 33133**

☐ Delete

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NAME
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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: *Kenneth Peele Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2003 (904) 354-0545

CR2E034 (10/02)