

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90011 048 \*\*\*150.00

DOCUMENT # 693428

1. Entity Name

BOYD'S FUNERAL HOME, INC.



**DO NOT WRITE IN THIS SPACE**

**24016003**

2. Principal Place of Business

6400 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

3. Mailing Address

6400 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip  
33024

Country  
BROWARD

Zip  
33024

Country  
BROWARD

4. FEI Number

59-2104632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BOYD, KATHERINE E.**

Street Address (P.O. Box Number is Not Acceptable)  
**6901 SW 14th STREET**

City **PEMBROKE PINES**

**FL**

Zip Code  
**33023**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, PATRICK M. 20411 NW 4 STREET PEMBROKE PINES, FL. 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYD, LAURENCE P. 2001 NW 82 AVE PEMBROKE PINES, FL. 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BOYD, KATHERINE E. 6901 SW 14 STREET PEMBROKE PINES, FL. 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYD, KATHERINE E. 6901 SW 14 STREET PEMBROKE PINES, FL. 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

KATHERINE E. BOYD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

Date

954 983 6400

Daytime Phone #

CR2E034B (12/02)