

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90181 020 ****61.25

DOCUMENT # 759911

1. Entity Name.

MARCO ISLAND CEMETERY, INC.

Principal Place of Business

Mailing Address

489 W. ELKGAM CIRCLE
 MARCO ISLAND FL 34145
 US

P.O. BOX 23
 MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2222856

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZUMBRUN, PHOEBE V.
 457 TALLWOOD #~~900~~ 203
 MARCO ISLAND FL 34145

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 *Phoebe V. Zumbun, Manager*

3-6-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WATSON, CLAYTON W	TITLE	
NAME	200 SANDHILL	NAME	
STREET ADDRESS	MARCO ISLAND FL 34145	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D EVANSON, MILTON L	TITLE	
NAME	1958 SHEFFIELD	NAME	
STREET ADDRESS	MARCO ISLAND FL 34145	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D3 BOWEN, LESTER	TITLE	
NAME	185 WATERSIDE CIR., #101	NAME	
STREET ADDRESS	MARCO ISLD FL 34145	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TM ZUMBRUN, PHOEBE V.	TITLE	
NAME	457 TALLWOOD # 900 203	NAME	
STREET ADDRESS	MARCO ISLAND FL 34145	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HURTLEY, SHAWN	TITLE	
NAME	121 S. BAHAMA AVE.	NAME	
STREET ADDRESS	MARCO ISLAND FL 34145	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: *Clayton W. Watson, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02

941-394-3469

Date

Daytime Phone #

CR2E037 (9/01)