


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90141 041 ****61.25


0055135

DOCUMENT # 759911
1. Entity Name
MARCO ISLAND CEMETERY, INC.



Principal Place of Business: **489 W. ELKCAM CIRCLE
MARCO ISLAND, FL 34145
US**
Mailing Address: **P.O. BOX 23
MARCO ISLAND FL 34146**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: City & State
Zip: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2222856** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ZUMBRUN, PHOEBE V.
457 TALLWOOD #306 #203
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent
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: *Shawna W. Zumbur*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATSON, CLAYTON W	
STREET ADDRESS	200 SANDHILL	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANSON, MILTON L	
STREET ADDRESS	1958 SHEFFIELD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D3	<input type="checkbox"/> Delete
NAME	BOWEN, LESTER	
STREET ADDRESS	185 WATERSIDE CIR., #101	
CITY-ST-ZIP	MARCO ISLD FL 34145	
TITLE	TM	<input type="checkbox"/> Delete
NAME	ZUMBRUN, PHOEBE V.	
STREET ADDRESS	457 TALLWOOD #306	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HURTLEY, SHAWN	
STREET ADDRESS	121 S.-BAHAMA AVE.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, CLAYTON W.	
STREET ADDRESS	191 BEACHCOMBER	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
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		
TITLE	TM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUMBRUN, PHOEBE V.	
STREET ADDRESS	457 TALLWOOD #203	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASSELL, BRIAN	
STREET ADDRESS	522 5th AVE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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: **SIGNATURE REQUIRED**
Clayton Watson President
239-394-3469

CR2E037 (10/02)