

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # F34347**1. Entity Name
AMERICAN BURIAL AND CREMATION COMPANYPrincipal Place of Business
1425 BELLEVUE AVENUE
DAYTONA BEACH FL 321143938
Mailing Address
1425 BELLEVUE AVENUE
DAYTONA BEACH FL 3211439382. Principal Place of Business
2966 BELCHER ROAD NORTH
3. Mailing Address
2966 BELCHER ROAD NORTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR FLZip Country
34683 US4. FEI Number
59-1711719
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**TIMMER MARILYN
1425 BELLEVUE AVE.
DAYTONA BEACH FL 32114 US**7. Name and Address of New Registered Agent**Name
TIMMER MARILYN
Street Address (P.O. Box Number is Not Acceptable)
2966 BELCHER ROAD NORTH
City
PALM HARBOR FL Zip Code
34683

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 _____ 03/29/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	☐ Delete
NAME	TIMMER, MARILYN	
STREET ADDRESS	121 HORSESHOE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	☐ Delete
NAME	TIMMER, WILLARD L.	
STREET ADDRESS	121 HORSESHOE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	☒ Change	☐ Addition
NAME	WALSH, MICHEAL P		
STREET ADDRESS	458 VILLAGE DRIVE		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		
TITLE	P	☒ Change	☐ Addition
NAME	WALSH, MARILYN JEAN		
STREET ADDRESS	458 VILLAGE DRIVE		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN JEAN WALSH

P

03/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)