2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F97000002724 **DOCUMENT #**

1. Entity Name

CARRIAGE FUNERAL HOLDINGS, INC.



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90192 031 ***150.00

Principal Place of Business 1900 ST JAMES PLACE 4TH FLOOR HOUSTON TX 77056			Mailing Address 1900 ST JAMES PLACE 4TH FLOOR HOUSTON TX 77056										
2. Principal Place of Business				3. Mailing Address								HA 41011 6161 1061	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				- KO CHECK HERE IF MAKING CHANGES					
City & State			City & State				4.	. FE! Num	nber 76-0339 9	322	\vdash	Applied For Not Applicable	
Zip	Country			Zip Cour			5. Certificate of Status Desire			ed 🗆	\$8.75 Additional Fee Required		
6. Name and Address of Current R				egistered Agent			7.	-7. Name and Address of New Registered Agent .					
C T CORPORATION SYSTEM					Name			/DO Boy Number is Not Agranishles					
1200 SOUTH PINE ISLAND ROAD				Street Addres			iddress (P.O.	(P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324													
							Sity				Zip C	ode	
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													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						·			Election Campaigr	_		.00 May Be led to Fees	
10. OFFICERS AND DIRECTORS							Δ	DDITION	S/CHANGES TO	OFFICERS AN	ID DIBECTO	DBS IN 11	
TITLE	V	OT MOETIO ATTO D		☐ Delete	11.		<u> </u>		0,01,110,000,10	011102110111	☐ Change		
NAME STREET ADDRESS	MORRIS, MARSHA ss 1900 ST JAMES PLACE 4TH FLOO					ADDRESS					,	_	
CITY-ST-ZIP	HOUSTON				CITY-S								
TITLE	V			☐ Delete	TITLE						☐ Chang	e 🗌 Addition	
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NAME	PAYNE, MI		n		NAME							ļ	
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TITLE NAME	SANFORD,	TERRY E		☐ Delete	TITLE NAME						☐ Change	Addition	
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CITY-ST-ZIP	HOUSTON	IX 77056			CITY-S	T- ZIP							
TITLE	VPT	M CLADY		Delete	TITLE						Change	e 🔲 Addition	
NAME STREET ADDRESS	HARLEW, V	W. CLARK AMES PLACE 4TH FLOO	R		NAME	ADDRESS						{	
CITY-ST-ZIP HOUSTON TX 77056			71		STREET CITY-S	adoress 1- ZIP						ĺ	
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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:

CR2E034 (10/02)