## 2001 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

City & State

## DOCUMENT # G25584

1. Entity Name

Suite, Apt. #, etc.

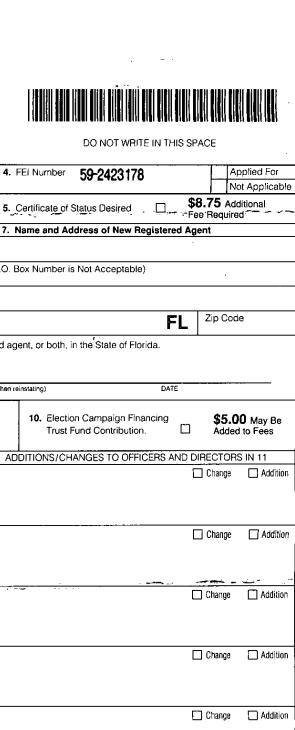
City & State

WALTER DORMAN FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
4105 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207 - 664 ~	4105 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207 — 664-
2. Principal Place of Business	3. Mailing Address

## Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90112 011 \*\*\*150.00



Zip 5. Certificate of Status Desired . . DUVAL. 6. Name and Address of Current Registered Agent Name ... LALLY, W. K. Street Address (P.O. Box Number is Not Acceptable) 6160 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 清掃精門 11. ☐ Delete TITLE TITLE DORMAN, WALTER L NAME NAME 4105 ST AUGUSTINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX, FL 00000 TITLE ☐ Delete TITLE DORMAN, WALTER L NAME NAME 4105 ST AUGUSTINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAX, FL 00000 CITY-ST-ZIP + Defete TITLE TITLE DORMAN, WALTER L NAME NAME . STREET ADDRESS 4105 ST AUGUSTINE RD. STREET ADDRESS CITY-ST-ZIP JAX, FL 00000 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01 Date