

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90066 050 \*\*\*158.75

**DOCUMENT # G98249**

1. Entity Name  
**NIXON FUNERAL SERVICE, INC.**

Principal Place of Business Mailing Address  
**425B W. DANIA BEACH BLVD.** **425B W. DANIA BEACH BLVD.**  
**P. O. BOX 1816** **P. O. BOX 1816**  
**DANIA FL 33004** **DANIA FL 33004**

723051



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	59-2399009	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ANDREW SERVICE CORPORATION OF FLORIDA</b> <b>3000 MIAMI CENTER</b> <b>100 CHAPIN PLAZA</b> <b>MIAMI FL 33131</b>		Name <b>ROBERT J. INMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>10206 SEMINOLE ISLAND DR</b> <b>LARGO</b> City <b>LARGO</b> FL Zip Code <b>33773</b>	

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 Robert J. Inman **ROBERT J INMAN** **2-23-2001**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when re-instating) DATE

9. 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIXON, JERROLD R.</b>	NAME	
STREET ADDRESS	<b>500 N. E. 2ND ST. #419</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DANIA, FL 33004</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INMAN, ROBERT J.</b>	NAME	
STREET ADDRESS	<b>10206 SEMINOLE ISL DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIXON, MARILYN</b>	NAME	
STREET ADDRESS	<b>20505 HIGHWAY 19 #12-266</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Jerrold R. Nixon **JERROLD R. NIXON, PRES. FEB. 19, 2001 954-922-5102**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)