

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90157 038 ***158.75

DOCUMENT # G98249

1. Entity Name
NIXON FUNERAL SERVICE, INC.



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2399009**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INMAN, ROBERT J
10206 SEMINOLE ISLAND DR
LARGO FL 33773**

Name

Street Address (P.O. Box Number is Not Acceptable)
4428 WORTHINGTON CIRCLE

City
PALM HARBOR

FL

Zip Code
34685

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**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **NIXON, JERROLD R.**
CITY-ST-ZIP **500 N. E. 2ND ST. #419
DANIA, FL 33004**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **INMAN, ROBERT J.**
CITY-ST-ZIP **10206 SEMINOLE ISL DR.
LARGO FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **4428 WORTHINGTON CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **NIXON, MARILYN**
CITY-ST-ZIP **20505 HIGHWAY 19 #12-266
CLEARWATER FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3824 DARSTON STREET**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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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 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 time empowered.

SIGNATURE:

JERROLD R. NIXON, PRES. MAR. 17, 2003 954-922-5102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)