

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H16223

1. Entity Name

ALPHA & OMEGA CREMATION SOCIETY, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90071 017 ***158.75

Principal Place of Business

Mailing Address

425-A WEST DANIA BEACH BLVD.
DANIA FL 33004

P O BOX 1816
DANIA FL 33004-1816
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2436709**

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

NIXON, MARILYN A
~~3829 ORRISTON ST.~~ **3829 DARSTON STREET**
PALM HARBOR FL 34685

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE ☐ Delete

NAME **NIXON, MARILYN A.**
STREET ADDRESS **36181 E LAKE RD #188**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Delete

NAME **NIXON, JERROLD R.**
STREET ADDRESS **500 NE 2ND APT 419**
CITY-ST-ZIP **DANIA FL**

TITLE ☐ Delete

NAME **INMAN, ROBERT J.**
STREET ADDRESS **10206 SEMINOLE ISL DR**
CITY-ST-ZIP **LARGO 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 ☒ Change ☐ Addition

NAME
STREET ADDRESS **3829 DARSTON STREET**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

ROBERT J INMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 (813) 391-7471
1-26-2000