

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90611 006 \*\*\*158.75

**DOCUMENT # H16223**

1. Entity Name

**ALPHA & OMEGA CREMATION SOCIETY, INC.**

Principal Place of Business

**425-A WEST DANIA BEACH BLVD.  
 DANIA FL 33004**

Mailing Address

**P O BOX 1816  
 DANIA FL 33004  
 US**

**3833**

2. Principal Place of Business

3. Mailing Address

**3833 DARSTON STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PALM HARBOR FL**

Zip

Country

Zip

Country

**34685 PALM HARBOR FL**

4. FEI Number

**59-2436709**

Applied For

Not Applicable

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 DARSTON ST**

**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, 2002 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 **PD** ☐ Delete  
 NAME **NIXON, MARILYN A.**  
 STREET ADDRESS **3829 DARSTON ST**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE **STD** ☐ 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  
 CITY-ST-ZIP

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

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

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

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

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* ROBERT J. INMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/02 800-321-0566**

Date Daytime Phone #

0127890 AV

CR2E034 (9/01)