

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90163 001 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # J 53472**

1. Entity Name  
 Palm Beach Funeral Services & Cremations, Inc.

*NO NAME CHANGE*

Principal Place of Business: Not Available due to a fire.  
 Mailing Address: 730 N. Dixie Hwy. Lake Worth, FL 33460

A0067000

2. Principal Place of Business: N/A  
 3. Mailing Address: Same as above

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number: 65-0100931  
 Applied For: Not Applicable

Zip, Country

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

6. Name and Address of Current Registered Agent  
 LAVENDER, JOEL R.  
 507 S. E. 11th Court  
 FT. LAUDERDALE, FL. 33316

7. Name and Address of New Registered Agent  
 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 reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEES \$150.00**  
**After MAY 1, 2001 Fee will be \$500.00**  
**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	President	<input type="checkbox"/> Delete
NAME	John R. Knapik	
STREET ADDRESS	57 Cayuga Road	
CITY-ST-ZIP	Sea Ranch Lakes, Fl. 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 addresses with all other lists empowered.

SIGNATURE: *John R. Knapik*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Title: *President*  
 Date: *4/25/01*  
 Daytime Phone #: \_\_\_\_\_

CRZE034 (11/00)