

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # L44977

1. Entity Name

Gravest of Florida, Inc.

FILED

May 15, 2003 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

35246 US Hwy. 19 N

PMB 218

Palm Harbor, Florida

34684

USA

2002 - 2003

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE
IN THIS SPACE

Penny L. Gould

780 Hickory Lane

Palm Harbor

34683

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

Penny L. Gould Penny L. Gould

4-25-03

9. This corporation is eligible to satisfy its Intangible

Tax-filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PVS
Beam, Eric L O
53 Locust Street
Kitchener, Ont. Can

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

600019840086
05/23/03--01043--003 **\$15.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
Lichti, Enos
53 Locust Street
Kitchener, Ont. Can

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
Armitage, Douglas
53 Locust Street
Kitchener, Ont. Can

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

per Pat Bailey 5/15

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas Armitage

May 6/03 519-538-2859

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2/2

ANTHONY P. GRANESE, P.A.

ATTORNEY AT LAW

1014 Drew Street • Clearwater, Florida 33755-4521

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Personal Injury Law • Trial Practice • General Practice

May 12,
April 23, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Pat Bailey

Dear Ms. Bailey:

Gravest of Florida, Inc. did not receive the notice that advised them of a returned check and of your intent to administratively dissolve in sixty (60) days. Therefore, I am requesting a waiver of the reinstatement fee and penalty.

Enclosed please find a Uniform Business Report and a check in the amount of \$315.00 which represents \$150.00 for each year (2002, 2003) and \$15.00 fee for the returned check.

Thank you for your assistance in this matter.

Sincerely,



Anthony P. Granese
APG:ncp
encl..