


**2003 CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90386 043 \*\*\*158.75

**DOCUMENT #N11000002762**

1. Entity Name  
**ENTERPRISE EVERGREEN CEMETERY, INC.**



Principal Place of Business  
**190 CLARK STREET  
ENTERPRISE FL 32725**

Mailing Address  
**190 CLARK STREET  
ENTERPRISE FL 32725**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**LONG, WILLIAM T  
145 S HWY 17-92  
DEBARY FL 32713**

4. FEI Number **59-1707634**

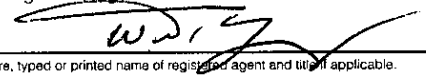
Applied For  
 Not Applicable

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **01-27-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, W T</b>	
STREET ADDRESS	<b>145 S HWY 17-92</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PETERMAN, F.C.</b>	
STREET ADDRESS	<b>106 3RD. ST.</b>	
CITY-ST-ZIP	<b>ENTERPRISE FL 32725</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BRUCE, J W</b>	
STREET ADDRESS	<b>190 CLARK STREET</b>	
CITY-ST-ZIP	<b>ENTERPRISE FL 32725</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HARDIN, W J</b>	
STREET ADDRESS	<b>P.O. BOX 4222</b>	
CITY-ST-ZIP	<b>ENTERPRISE FL 32725</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PADGETT, MARK</b>	
STREET ADDRESS	<b>521 RANDON TERRACE</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. 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		

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 like empowered.

SIGNATURE:  DATE **01-27-03** (306) 868-8880

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (10/02)