## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9500000727

1. Entity Name

SIGNATURE:

MOUNT OLIVE PRIMITIVE CEMETERY, INC.



## **FILED** Feb 20, 2003 8:00 am § Secretary of State

02-20-2003 90138 020 \*\*\*\*61.25

2/17/03 863/428-1307

MUBERRY FL 33860  MUBERRY FL 33860  A. Mailing Address  Suto, Apt. #. etc.   Chr. & State   Chr.					SO WE S					
### Application of Business    Suito, Apt. # etc.			Mailing Address							
Suita Api, F. etc   Suita Api, F. otc   CHECK HERE IF MAKING CHANGES    City & State   Chy & State   Chy & State   A. FEI Number 65-0664866   Applied For Not	100 BERRY TV 80000									
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City & State  Country  Country  S. Certification of Scalus Desired  Applied For  Mon Applicable  For Required  For	2. Principal	Place of Business	3. Mailing Address	Mailing Address		1 (83)(14) 8(3 (8)			JBN 1001 HBN	
Series   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Accoptable)  8. The above named certify 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 orthoglishered agent.  8. The above named certify 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 orthoglishered agent.  8. SICNATURE  8. Sichard Registered Agent  9. Sichard Registe	City & State		City & State	City & State						
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SEGLER, AM. JR.  1300 EAST CANAL STREET MULBERRY FL 33860  City FL Zip Code  6. The above named only 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  Signature, typed or content name of registered agent and rise if a spokulate.  FILE NOW: FEE IS S61.25  9. Election Campaign Financing		6. Name and Address of Curren	t Registered Agent	I		7. Name and Addr	ess of New Register			
SIGNAL STREET MULBERRY FL 33860  City FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of registered agent, or both, in the State of Fiorica. I am familiar with, and accept of registered agent, or both, in the State of Fiorica. I a					Name	<u> </u>		<del></del>		
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