2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003
Secretary of State

DOCUMENT# N95000005175

Entity Name: PLUMMER'S COVE CEMETERY, INC.

Current Principal Place of Business:

5039 DIXIE LANDING DRIVE
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

5039 DIXIE LANDING DRIVE
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3349488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, JUANITA P
5039 DIXIE LANDING DRIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CT ( ) Delete
Name: DIXON, JUANITA P
Address: 5039 DIXIE LANDING DRIVE
City-St-Zip: JACKSONVILLE, FL 322241861

Title: ST ( ) Delete
Name: REHBERG, BONNIJAGN P
Address: 7628 TIMBERWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: TT ( ) Delete
Name: MACLEAN, MARK
Address: 2619 PARENTAL HOME ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: T ( ) Delete
Name: TURKRETT, NORMA P
Address: 1350 HOLLYHOCK CIRCLE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MACLEAN TT 05/05/2003

Electronic Signature of Signing Officer or Director — Date