

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019163

1. Entity Name

TAYLOR-SMITH-WEST FUNERAL HOME INC

Principal Place of Business

900 MARTIN L. KING BLVD.
BELLE GLADE FL 33430

Mailing Address

900 MARTIN L. KING BLVD.
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0036531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JAMES
900 MARTIN L. KING BLVD.
BELLE GLADE FL 33430

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, LAVOISE T	
STREET ADDRESS	900 MARTIN L. KING BLVD.	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WEST, JAMES	
STREET ADDRESS	900 MARTIN L. KING BLVD.	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SMITH, JAMES JR	
STREET ADDRESS	900 MARTIN L. KING BLVD.	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **NOTARIAL REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-02

Date

561-996-3048D

Daytime Phone #

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-17-2002 90124 013 ***150.00

07-31-2002 90104 048 ***400.00

B0132951



DO NOT WRITE IN THIS SPACE