

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90076 019 ***150.00

DOCUMENT # P00000022032

1. Entity Name

CREMATION & FUNERAL DEPOT, INC.

Principal Place of Business

**1531 SOUTHWEST 7TH AVENUE
POMPANO BEACH FL 33060**

Mailing Address

**1531 SOUTHWEST 7TH AVENUE
POMPANO BEACH FL 33060**

2. Principal Place of Business

996 S. STATE ROAD 7

3. Mailing Address

996 S. STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

MARGATE, FL

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number

65-8990580

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEINKAMP, TIMOTHY L
1531 SOUTHWEST 7TH AVENUE
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name **BERNARD L. MCINTEE**

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

3333 NE 36TH STREET #3

City

FORT LAUDERDALE

FL

Zip Code
33308

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE **D** ☒ Delete
NAME **MCINTEE, BERNARD L**
STREET ADDRESS **1531 SOUTHWEST 7TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **D** ☒ Delete
NAME **STEINKAMP, TIMOTHY L**
STREET ADDRESS **1531 SOUTHWEST 7TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **BERNARD L. MCINTEE**
STREET ADDRESS **3333 NE 36 ST #3**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **V/S/T** ☐ Change ☒ Addition
NAME **MARCIA MCINTEE**
STREET ADDRESS **3333 NE 36 ST #3**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/12/01

Date

Daytime Phone #

954-781-0900

CR2E034 (10/00)