

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0086333 AV

DOCUMENT # P00000078587

1. Entity Name
FUNERAL TRANSPORTATION SERVICES, INC.



Principal Place of Business
8586 BRIAN BOULEVARD
BOYNTON BEACH FL 33437

Mailing Address
8586 BRIAN BOULEVARD
BOYNTON BEACH FL 33437

FILED
03 OCT 28 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 65-1028920

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UMBERGER, EDWARD
8586 BRIAN BOULEVARD
BOYNTON BEACH FL 33437

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P UMBERGER, EDWARD
STREET ADDRESS 8586 BRIAN BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE NAME ☐ Change ☐ Addition
800023608678
10/07/03--01009--024 **550.00

TITLE NAME ☐ Delete
V UMBERGER, ELSIE
STREET ADDRESS 8586 BRIAN BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE NAME ☐ Change ☐ Addition
800023608678
10/28/03--01069--021 **200.00

TITLE NAME ☐ Delete
ST ACOSTA, REYNALDO
STREET ADDRESS 1024 SOUTHE E STREET
CITY-ST-ZIP LAKE WORTH FL 33460-4824

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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:

Edward UMBERGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)