

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90037 014 \*\*\*158.75

DOCUMENT #

1. Entity Name

Watts Funeral Homes, Inc.

**DO NOT WRITE IN THIS SPACE**

851337

2. Principal Place of Business  
720 U.S. 17 South

3. Mailing Address  
Post Office Box 939

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
San Mateo, Florida

City & State  
San Mateo, Florida

4. FEI Number  
59-3740227

Applied For  
Not Applicable

Zip  
32187

Country  
USA

Zip  
32187

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Timothy Keyser

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

City  
Interlachen FL Zip Code  
32148

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Pres., Treas.  
Margaret M. Watts  
148 Rivershore Dr.-San Mateo, FL. 32187

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V.Pres.  
William D. Watts  
148 Rivershore Dr.-San Mateo, FL. 32187

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Sec.  
Jessica A. Watts  
209 Tropic Ave.-San Mateo, FL. 32187

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret M. Watts Margaret M. Watts 4-29-02 (386) 328-1414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)