## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000068636 **DOCUMENT#**

1. Entity Name

WATTS FUNERAL SERVICES, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90465 008 \*\*\*158.75

|--|--|

Suite, Apl. #, etc.   Suite		ace of Business Y 17 SOUTTH FL 32197	Mailing Address POST OFFICE BOX 939 SAN MATEO FL 32187				
City & State  Solidates of Status Desired  States Address of New Registered Agent  Feequired  States Address (PO. Box Number is Not Acceptable)  City  FL  Zio Code  City  FL  Zio Cod	2. Principal	Place of Business	3. Mailing Address	to the second se			
Zip Country Zip Country S. Certification 59-9740228   Micro Replacement	Suite, Api	t. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  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 defice or registered agent, or both, in the State of Forida. Lam familiar with and accept the dollar above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Lam familiar with and accept the dollar above named entity submits this statement for the purpose of changing its registered agent agreement agent	City & Sta	ate	City & State		3373740220		
REYSER, TIMOTHY 501 ATLANTIC AVENUE INTERLACHEN FL 32148    City   FL   City	Zìp	Country	Zip	Country	5. Certificate of Status Desired X \$8.75 Additional		
REYSER, TIMOTHY 501 ATLANTIC AVENUE INTERLACHEN FL 32148    Cry   FL   Zip Code		6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Registered Agent		
Site Address (P.O. Box Number is Not Accoptable)    Street Address (P.O. Box Number is Not Accoptable)				Name			
INTERLACHEN FL 32148  City FL Zip Code  Correct Code State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and rest participation in the State of Florida. Lord tamular with, and accept code and ac	Charlette (DO D H ) and a second				40		
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	501 ATLA	NTIC AVENUE		Street Addre	ess (P.O. Box Number is Not Acceptable)		
B. 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	INTERLAC	CHEN FL 32148					
SIGNATURE    Signature   Signa					<b>┌</b> ┗ │ '		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PWATTS, JAMIE D	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.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE						
After May 1, 2003 Fee will be \$550.00 May Be Added to Floes			gent and the mappingable. (NO)	E: Hegistered Agent signature requ	uured when reinstating) DATE		
TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	t of State		_ <b>\\ \\ \\ \</b>		
NAME STREET ADDRESS CITY-ST-ZIP NAME OTHER TADRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OTHER NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS CITY-ST-ZIP TITLE V WATTS, WILLIAM D 148 RIVERSHORE DR. STREET ADDRESS CITY-ST-ZIP TITLE V WATTS, WILLIAM D 148 RIVERSHORE DR. STREET ADDRESS CITY-ST-ZIP TITLE V WATTS, JESSICA A 209 TROPIC AVE. SAM MATEO FL 32187  TITLE T WATTS, JESSICA A 209 TROPIC AVE. SAM MATEO FL 32187  TITLE T WATTS, MARGARET M 148 RIVERSHORE DR. STREET ADDRESS CITY-ST-ZIP TITLE NAME 148 RIVERSHORE DR. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	=	P WATTO JAME D	~ Delete	TITLE	☐ Change ☐ Addition		
CITY-ST-ZIP  SAN MATEO FL 32187  CITY-ST-ZIP  VWATTS, WILLIAM D			* **	NAME			
NAME STREET ADDRESS CITY-ST-ZIP TITLE SAN MATEO FL 32187 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SAN MATEO FL 32187 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE WATTS, JESSICA A 209 TROPIC AVE. SAN MATEO FL 32187  TITLE WATTS, MARGARET M 148 RIVERSHORE DR. CITY-ST-ZIP  TITLE WATTS, JESSICA A 209 TROPIC AVE. SAN MATEO FL 32187  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	V	☐ Delete	TITLE .	Change Cl Addition		
CITY-ST-ZIP  SAN MATEO FL 32187  CITY-ST-ZIP  WATTS, JESSICA A 209 TROPIC AVE. SAN MATEO FL 32187  CITY-ST-ZIP  TITLE  WATTS, MARGARET M TARRESHORESS CITY-ST-ZIP  WATTS, MARGARET M 148 RIVERSHORE DR. SAN MATEO FL 32187  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	NAME	WATTS, WILLIAM D	Delicit		, Charge C Adulton		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE T NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE T NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE T NAME STREET ADDRESS CITY-ST-ZIP TITLE T NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STREET ADDRESS			
TITLE NAME WATTS, JESSICA A 209 TROPIC AVE. STREET ADDRESS CITY-ST-ZIP TITLE NAME WATTS, MARGARET M WATTS, MARGARET M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP SAN MATEO FL 32187  TITLE NAME STREET ADDRESS CITY-ST-ZIP  WATTS, MARGARET M 148 RIVERSHORE DR. SAN MATEO FL 32187  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	S	Delete	TITLE	Change Addition		
CITY-ST-ZIP  SAN MATEO FL 32187  CITY-ST-ZIP  TITLE  T WATTS, MARGARET M 148 RIVERSHORE DR. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME			
TITLE NAME WATTS, MARGARET M 148 RIVERSHORE DR. STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHY-ST-ZIP	SAN MATEU FL 32187		CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition		
CITY-ST-ZIP  SAN MATEO FL 32187  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHange Addition Addition NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP		SAN MATEU PL 3218/	<del></del>	CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP			☐ Delete	i i	☐ Change ☐ Addition		
CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Addition							
NAME STREET ADDRESS CITY-ST-ZIP CITAINGE Addition NAME STREET ADDRESS CITY-ST-ZIP		·		CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete		☐ Change ☐ Addition		
CITY-SI-ZIP CITY-SI-ZIP			•				
011 01-21	i						
		artific that the inference in the control of the co	inf. al. 1 - PP				

intereption 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:

Daytime Phone #