

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

02-06-2002 90046 032 ***150.00

DOCUMENT # P01000071059

1. Entity Name

CARNEGIE & ASSOCIATES BURIAL SERVICES, INC.

Principal Place of Business

**POST OFFICE BOX 636
 WILLISTON FL 32696**

Mailing Address

**POST OFFICE BOX 636
 WILLISTON FL 32696**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

59-3732354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAWSON, GWENDOLYN B
 10300 NW 125TH STREET
 REDDICK FL 32686**

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.

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	CARNEGIE, ELIZABETH	
STREET ADDRESS	POST OFFICE BOX 636	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARNEGIE, AL J SR.	
STREET ADDRESS	POST OFFICE BOX 636	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARNEGIE, CHASSICA	
STREET ADDRESS	POST OFFICE BOX 636	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAPHINA C	
STREET ADDRESS	POST OFFICE BOX 490	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARNEGIE, AL J JR.	
STREET ADDRESS	POST OFFICE BOX 636	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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
NAME	
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
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

Date

Daytime Phone #

CR2E034 (9/01)

1-8-2002
352 528 6763