

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90537 001 ***450.00

DOCUMENT # P01000111170

1. Entity Name

ETERNAL REST MEMORY PARK INC.

Principal Place of Business

**2966 BELCHER ROAD
DUNEDIN FL 34698**

Mailing Address

~~**2966 BELCHER ROAD
DUNEDIN FL 34698**~~

2. Principal Place of Business

3. Mailing Address

2510 SUNSET POINT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER, FL

4. FEI Number

59-3757183

Applied For

Not Applicable

Zip

Country

Zip

Country

33765

USA

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

~~**BRUNO, MICHAEL L**~~

~~**600 BYPASS DRIVE**~~

~~**115**~~

~~**CLEARWATER FL 33764**~~

Name

CHARLES SCALISI

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

2510 SUNSET POINT ROAD

City

CLEARWATER

FL

Zip Code

33765

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

4-29-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PRES. CHARLES SCALISI**
STREET ADDRESS **2510 SUNSET POINT ROAD**
CITY-ST-ZIP **CLEARWATER, FL 33765**

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

TITLE ☐ Delete
NAME **VICE-PRES. TRACEY SCALISI**
STREET ADDRESS **2510 SUNSET POINT ROAD**
CITY-ST-ZIP **CLEARWATER, FL 33765**

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

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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:

CHARLES SCALISI / **4-29-02** / **727-799-3898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)