FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90213 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80107497

DOCUMENT # P02000016637

1. Entity Name
PALM COAST FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176

2. Principal Place of Business	3. Mailing Address
220 PALM COAST PKWY	220 PALM COAST PKWY, SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST	City & State: PALM COAST
Zip: 32137 Country: FLAGLER	Zip: 32137 Country: FLAGLER

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 90-0004070 ☐ 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
BROCK, JEFFREY P 444 SEABREEZE BLVD. SUITE 900 DAYTONA BEACH, FL 32118	Name: LOHMAN, LOWELL Street Address (P.O. Box Number is Not Acceptable): 1210 JOHN ANDERSON DR. City: ORMOND BEACH FL Zip Code: 32176

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: LOWELL LOHMAN - PRESIDENT 4/25/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEES IS $150.00
After May 1, 2003 FEE will be $550.00
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 STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: P NAME: LOHMAN, LOWELL STREET ADDRESS: 1210 JOHN ANDERSON DR CITY-ST-ZIP: ORMOND BEACH FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: V/T/S NAME: LOHMAN, NANCY STREET ADDRESS: 1210 JOHN ANDERSON DR CITY-ST-ZIP: ORMOND BEACH FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: V NAME: LOHMAN, TY STREET ADDRESS: 5 OAKWOOD PARK CITY-ST-ZIP: ORMOND BEACH FL 32174	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: NANCY LOHMAN 4/25/03 386-673-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #