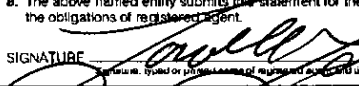


FILED
May 05, 2003 8:00 am
Secretary of State

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 1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		Mailing Address 1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	
2. Principal Place of Business 220 PALM COAST PKWY		3. Mailing Address 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
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 BROCK, JEFFREY P 444 SEABREEZE BLVD. SUITE 900 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent 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 DATE 4/25/03 (NOTE: Registered Agent's signature required when transferring)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition P LOHMAN, LOWELL 1210 JOHN ANDERSON DR ORMOND BEACH FL 32176 ☐ Change ☒ Addition V/T/S LOHMAN, NANCY 1210 JOHN ANDERSON DR ORMOND BEACH FL 32176 ☐ Change ☒ Addition V LOHMAN, TY 5 OAKWOOD PARK ORMOND BEACH FL 32174 ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition	
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		DATE 4/25/03 386-673-1100	