

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

0137078  
AV

**DOCUMENT # P02000041788**



1. Entity Name  
**H. A. DAVIS FUNERAL HOME, INC.**

03-12-2003 90069 048 \*\*\*150.00

Principal Place of Business  
**608 SW 12TH AVE.  
DANIA BCH FL 33004**

Mailing Address  
**608 SW 12TH AVE.  
DANIA BCH FL 33004**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**03-0441561**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**DAVIS, HAROLD A  
608 SW 12TH AVE.  
DANIA BCH FL 33004**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, HAROLD A</b>	
STREET ADDRESS	<b>608 SW 12TH AVE.</b>	
CITY-ST-ZIP	<b>DANIA BCH FL 33004</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MANUEL, ANTHONY</b>	
STREET ADDRESS	<b>608 SW 12TH AVE.</b>	
CITY-ST-ZIP	<b>DANIA BCH FL 33004</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>BRICE, AUDREY</b>	
STREET ADDRESS	<b>608 SW 12TH AVE.</b>	
CITY-ST-ZIP	<b>DANIA BCH FL 33004</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Harold A. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-03**

Date Daytime Phone #

CR2E034 (10/02)