

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90540 014 ***150.00

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1. Entity Name
FIRST CALL MORTUARY TRANSPORT, INC.

Principal Place of Business
447 3RD AVE N. #405
ST PETERSBURG FL 33701

Mailing Address
447 3RD AVE N. #405
ST PETERSBURG FL 33701



2. Principal Place of Business
12660 34th St. N.
Suite, Apt. #, etc.
Unit A-1

3. Mailing Address
12660 34th St. N.
Suite, Apt. #, etc.
Unit A-1

CHECK HERE IF MAKING CHANGES

City & State
Clearwater, FL.
Zip 33762 Country USA

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Clearwater, FL.
Zip 33762 Country USA

4. FEI Number 16-1630525 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, PATRICIA F
447 3RD AVE N, #405
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name LARRY C. KRAUS
Street Address (P.O. Box Number is Not Acceptable)
12660 34th St. N. Unit A-1
City Clearwater FL Zip Code 33762

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 *[Signature]* LARRY C. KRAUS DATE 4-23-03
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COLEMAN, NAOMI K	3466 53RD AVE N	ST PETERSBURG FL 33714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Officer, President	LARRY C. KRAUS	3701 39th St. N., St. Pete, FL 33713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	William Kraus	3701 39th St. N.	St. Pete, FL 33713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Erika Kraus	3704 39th St. N.	St. Pete, FL 33713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Joseph Kraus	3701 39th St. N.	St. Pete, FL 33713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* NAOMI K. COLEMAN DATE 4-23-03 727-571-1726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)