
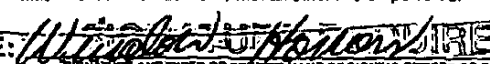


FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90132 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000132922			
1. Entity Name WINSLOW HONORS FUNERAL CHAPEL INC.			
Principal Place of Business 1110 E LAURA STREET PLANT CITY FL 33566		Mailing Address 1110 E LAURA STREET PLANT CITY FL 33566	
2. Principal Place of Business 1110 E. LAURA ST Suite, Apt. #, etc.		3. Mailing Address 1110 E. LAURA ST Suite, Apt. #, etc.	
City & State PLANT CITY FL		City & State PLANT CITY FL	
Zip 33566	Country Hillsborough	Zip 33566	Country Hillsborough
4. FEI Number 51-0445426		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HONORS, WINSLOW 1110 E LAURA STREET PLANT CITY FL 33566		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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. <input type="checkbox"/> \$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	D HONORS, WINSLOW 810 MADISON ST PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Winslow D Honors 810 W MADISON ST PLANT CITY FL 33566 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HONORS, MARILYN 810 MADISON ST PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Honors, Marilyn 810 W. Madison St Plant City Fla. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRONSON, FREDERICK 2121 REAL ROAD PLANT CITY FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRONSON, Frederick 2121 E. Beal Rd. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-15-03 813-752-3911 <small>Date Daytime Phone #</small>	

CR2E034 (10/02)