FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P93000001461 1. Entity Name 04-30-2002 90142 028 ***150.00 PINEVIEW MEMORIAL GARDENS, INC. Principal Place of Business Mailing Address 530 EAST ASH STREET 530 EAST ASH STREET PERRY FL 32347 PERRY FL: 32347 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3162200 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURNS, JOE P JR Street Address (P.O. Box Number is Not Acceptable) 530 EAST ASH STREET **PERRY FL 32347** City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be ₹ax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BURNS, DOROTHY H NAME STREET ADDRESS 530 ASH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL 32347 TITLE ☐ Detete TITLE Change ☐ Addition NAME BURNS, JOE P JR. NAME STREET ADDRESS 530 ASH STREET STREET ADDRESS CITY-ST-ZIP **PERRY FL 32347** CITY-ST-ZIP TITLE TITLE □ Delete Change ☐ Addition NAME BURNS, BARBARA J STREET ADDRESS 530 ASH STREET. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32347** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

Bara Jo Burns 4-10-02