

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State


04-25-2000 90060 049 ***150.00

DOCUMENT # P93000032599
 1. Entity Name
JOSEPH B. COFER FUNERAL HOME, INC.

Principal Place of Business 10931 NORTHEAST 6TH AVENUE MIAMI SHORES FL 33161	Mailing Address 4126 NORLAND AVENUE BURNABY BRITISH COLUMBIA, CANADA V5G 3S8 OC
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

171002



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0414395	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAGLER, PAUL	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY B.C. V5G 3S8	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	HYNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY B.C. V5G 3S8	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUSSELL, ROBERT D	
STREET ADDRESS	200 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASHNER, JEFFREY L	
STREET ADDRESS	801 TEAS ROAD	
CITY-ST-ZIP	CONROE TX 77303	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	AMATO, GEORGE M	
STREET ADDRESS	4145-58TH ST	
CITY-ST-ZIP	WOODSIDE NY 11377	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HARDIMAN, JOSEPH T	
STREET ADDRESS	801 TEAS RD	
CITY-ST-ZIP	CONROE TX 77303-1606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED LIST	
STREET ADDRESS	OF ALL DIRECTORS AND OFFICERS	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3205 WEST DAVIS, SUITE 200A	
CITY-ST-ZIP	CONROE, TX 77304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	311 ELM STREET, SUITE 1000	
CITY-ST-ZIP	CINCINNATI, OH 45202	

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: **SIGNATURE REQUIRED** _____ April 14, 2000 (604) 299-9321
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)