2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P95000093531 1. Entity Name FUNERAL TRIBUTE, INC. 04-17-2001 90010 044 ***150.00 Principal Place of Business Mailing Address 4301 32ND ST W 4301 32ND ST W SUITE B-7 SUITE B-7 **BRADENTON FL 34205** BRADENTON FL 34205 ЦS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0628156 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required. -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, JONATHAN M Street Address (P.O. Box Number is Not Acceptable) 4301 32ND ST W SUITE B-7 **BRADENTON FL 34210** Zin 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE HENRY, JONATHAN NAME NAME STREET ADDRESS 6810 23RD AVE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF BRADENTON FL 34209 Change ☐ Addition DVST TITLE ☐ Delete NAME HENRY, JEAN P NAME STREET ADDRESS STREET ADDRESS 6810 23RD AVE W CITY-ST-7IP **BRADENTON FL 34209** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition □ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

NAME

STREET ADDRESS

Sean / Densy JEAN P. HENRY 4-14-01 941-739-7737

CHATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Date

Date