## 2002 UNIFORM BUSINESS REPORT (UBR)

P96000019290

1. Entity Name

EAST LAKE MEMORIAL GARDENS, INC.

Principal	Place	of	Business
гппсіраі	Place	OI	Business

DOCUMENT #

Mailing Address

1800 ALTERNATE 19 SOUTH TARPON SPRINGS FL 34689

1800 ALTERNATE 19 SOUTH TARPON SPRINGS FL 34689

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

of registered agent and title if applicable.



DATE

DO NOT WRITE IN THIS SPACE

59-3368667

	Country	Ζίρ	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MILLS, JOHN N 1800 ALTERNA TARPON SPRIN	TE 19 S			Name	ss (P.O. Box Number is Not Acceptable	)		
				City		F	Zip Code	

8. The above named entity submits this state of 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 regi

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

Zin

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed ra

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(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 ☐ Addition MILLS, JOHN M NAME NAME 1209 N. FLORIDA AVENUE STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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-7IP

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 empower onto 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 ke empowered.

SIGNATURE:

SIGNATURE AND O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(4/02)CR2E034

Attachment Atquocoonasao Bols419

## EAST LAKE MEMORIAL GARDENS **1800 ALTERNATE 19 SOUTH TARPON SPRINGS, FL 34689** 727-942-2558

July 18, 2002

Florida Department of State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Re:-Document-#P96000019290, FEI #-59-3368667
Dear Sir:
We did not receive the renewal notice for the corporation in the mail. As per our conversation with your office, I am enclosing a check for \$150.00, along with the report.
I appreciate your help in this matter.
Sincerely,

Jay Spada Accountant