

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90185 015 ***150.00

0654624 AT

DOCUMENT # P96000045095

1. Entity Name
FM CEMETERY, INC.



Principal Place of Business
**1350 W FAIRBANKS AVE
WINTER PARK FL 32789
US**

Mailing Address
**1929 ALLEN PKWY
DPT 2934 9TH FL
HOUSTON TX 77019
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **76-0505094**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	USELTON, MICHAEL	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIMOTHY J. CLAIBORNE	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, JUDITH M	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIPSON, RAY A	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	T	<input type="checkbox"/> Delete
NAME	LORING, HARRIS E III	
STREET ADDRESS	1929 ALLEN PKWY, 9TH FLOOR	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRETT, SUSAN L	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** **HARRIS E LORING III** **4/1/03** **713-522-5141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/02)