

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000072582****1. Entity Name**  
**RIGGINS & DAUGHTER FUNERAL HOME, INC.****FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90267 047 \*\*\*550.00

Principal Place of Business

**105 21ST AVE. W.**  
**BRADENTON FL 34205**

Mailing Address

**105 21ST AVE. W.**  
**BRADENTON FL 34205****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number 65-0778036**Applied For  
Not Applicable**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****DORIS A. BUNNELL, P.A.**  
**608 15TH ST. W.**  
**BRADENTON FL 34205**Name **TINA L. Hadley**Street Address (P.O. Box Number is Not Acceptable)  
**1506 14th ST E.**City **Bradenton****FL**Zip Code  
**34208****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)

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P** ☐ Delete  
NAME **HADLEY, TINA L.**  
STREET ADDRESS **1506 14TH ST E**  
CITY-ST-ZIP **BRADENTON FL 34208**TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)