2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90258 010 ***150.00

DOCUMENT # P98000001471

1. Entity Name

HOLMES FUNERAL DIRECTORS, INC.

Principal Place of Business	Mailing Address
2719 W EDGEWOOD AVE JACKSONVILLE FL 32209 US	15915 KATY FREEWAY SUITE 500 HOUSTON TX 77094

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 76-0557264 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

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

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS WILSON, GERALD E 15915 KATY FREEWAY, STE 500 HOUSTON TX 77094	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLMES, WENDELL P 15915 KAH FAIRY #500 HOUSTON TX 77094	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15915 KATY FRWY, #500
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TANNER, GARY 15915 KUTY PKWY #500 HOUSTON TX 77091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15915 KATY FRWY, #500
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILSON, MARSHERRIA 15915 KUTY FRWY. #500 HOUSTON TX 77094	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15915 KATY FRWY, #500
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BENNETT, JULIUS C 15915 KUTY FRWY #500 HOUSTON TX 77094	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15915 KATY FRWY, #500
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARRISON, EARTH 15915 KUTY FRWY #500 HOUSTON TX 77094	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15915 KATY FRWY, #500

CR2E034 (10/00)

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: _____ 281-579-2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #