

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10

**FILED**  
**Sep 19, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90060 028 \*\*\*550.00

**DOCUMENT # P98000012352**

1. Entity Name  
**LORD FUNERAL HOME, INC.**



Principal Place of Business  
**3449 CAVERNS ROAD  
MARIANNA FL 32446**

Mailing Address  
**P O BOX 369  
MARIANNA FL 32447**

**55056832**

2. Principal Place of Business

**2489 FILLMORE DR**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 120**

Suite, Apt. #, etc.

City & State

**MARIANNA FL**

City & State

**MARIANNA FL**

4. FEI Number

**59-3435553**

Applied For

Not Applicable

Zip

**32448**

Country

Zip

**32447**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LORD, JAMES  
2489 FILLMORE DRIVE  
MARIANNA FL 32448**

7. Name and Address of New Registered Agent

Name **CHARLENE LORD**

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)

**9/17/03**

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

TITLE **PD** ☒ Delete  
NAME **LORD, JAMES H**  
STREET ADDRESS **2489 FILLMORE DRIVE**  
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE **SD** ☐ Delete  
NAME **LORD, CHARLENE T**  
STREET ADDRESS **2489 FILLMORE DRIVE**  
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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**

**Charlene Lord**

**9/8/03**

**(850) 482-8252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)