

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053680

1. Entity Name

INTERNATIONAL CREMATION URN CORPORATION

Principal Place of Business

1222 SE 47 STREET STE 111
CAPE CORAL FL 33904

Mailing Address

1222 SE 47 STREET STE 111
CAPE CORAL FL 33904

2. Principal Place of Business

2620 Highlands Rd.

3. Mailing Address

2620 Highlands Rd.

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D.

City & State

Harbour Heights, Fl.

City & State

Harbour Heights, Fl.

Zip

33983

Country

Charlotte

Zip

33983

Country

Charlotte

4. FEI Number

65-0847762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, RONALD D
1222 SE 47 STREET STE 111
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Nichols, Ronald D.

Street Address (P.O. Box Number is Not Acceptable)

250 N.E. 10th Pl.

City

Cape Coral

FL

Zip Code
33909

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

Ronald D. Nichols

Ron

(NOTE: Registered Agent signature required when reinstating)

Pres.

4-5-01

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NICHOLS, RONALD D
4940 VINCENNES ST STE 205
CAPE CORAL FL 33904

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Ronald D. Nichols Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-01 941-599-4427



DO NOT WRITE IN THIS SPACE

0633791

CR2E034 (10/00)