

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90394 001 ***150.00

DOCUMENT # P99000057748

1. Entity Name

ROBERTS FUNERAL HOME, INC.



Principal Place of Business

163 N. BREVARD AVE.
ARCADIA FL 34266

Mailing Address

163 N. BREVARD AVE.
ARCADIA FL 34266

2. Principal Place of Business

2344 CONERLY ROAD

3. Mailing Address

2344 CONERLY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ONL FL

City & State

ONL FL

4. FEI Number

65-0932289

Applied For

Not Applicable

Zip

33865

Country

USA

Zip

33865

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS

103 N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Debra D. DALLAS

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

120 S. ANOKA AVENUE

City

ANOKA PARK

FL

Zip Code

33825

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

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 P ☐ Delete
NAME SCHAPER, CURTIS
STREET ADDRESS 163 N. BREVARD AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☒ Change ☐ Addition
NAME 2344 CONERLY ROAD
STREET ADDRESS ONL, FL 33865
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

863-453-2335

Daytime Phone #

CR2E034 (10/02)