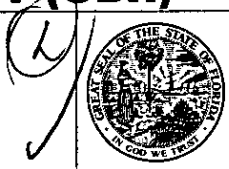


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90164 020 \*\*\*150.00

**DOCUMENT # P99000063621**



1. Entity Name  
**ERIC S. GEORGE FUNERAL HOME, INC.**

Principal Place of Business  
**4631 W HALLANDALE BEACH BLVD  
HOLLYWOOD FL 33023**

Mailing Address  
**4631 W HALLANDALE BEACH BLVD  
HOLLYWOOD FL 33023**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0955513**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name  
**OTHEL TURNER & CO., ACCOUNTANTS**

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

**5787 WEST SUNRISE BLVD.**

City  
**PLANTATION**

**FL**

Zip Code  
**33313**

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)

DATE

**8/14/03**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GEORGE, ERIC S</b>	
STREET ADDRESS	<b>6621 SW 24TH ST</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GEORGE, TANGELA</b>	
STREET ADDRESS	<b>6621 SW 24TH ST</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SANDERS, ANTHONY</b>	
STREET ADDRESS	<b>1005 NW 7TH AVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CURRY, VICTOR</b>	
STREET ADDRESS	<b>5037 COUNTRY BROOK DR</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33230</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **8/14/03**  
Daytime Phone #: **954-332-205**

CR2E034 (10/02)

Attachment

**OTHEL TURNER & CO.**

ACCOUNTANTS

5787 WEST SUNRISE BOULEVARD • HUMANA PLAZA  
PLANTATION, FLORIDA 33313  
(954) 583-2205 FAX: (954) 321-0532

010150931  
999000043421

August 14, 2003  
Division of Corporations  
Annual Report Section  
P.O. Box 1500  
Tallahassee Fl. 32302-1500

**RE: ERIC S. GEORGE FUNERAL HOME, INC.**

This letter is written as a request for abatement of the \$400.00 late fee due to reasonable cause, as requested by your office.

The taxpayer never received your original notice.

Herewith enclosed is a check in the amount of \$150.00 for Eric S. George Funeral Home, Inc.

Please file accordingly and abate the late fee.

Sincerely,



Othel Turner  
For Eric S. George