

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90227 041 ***150.00

DOCUMENT # P99000064123

1. Entity Name
ASSOCIATED CONSULTANTS OF THE FUNERAL INDUSTRY, INC.



Principal Place of Business
11831 N. BROAD ST.
BROOKSVILLE FL 34601
US

Mailing Address
P.O. BOX 566
BROOKSVILLE FL 34605
US



2. Principal Place of Business
1190 S. BROAD ST.
Suite, Apt. #, etc. **N/A**

3. Mailing Address
P.O. BOX 566
Suite, Apt. #, etc. **N/A**

☐ CHECK HERE IF MAKING CHANGES

City & State
BROOKSVILLE, FL
Zip **34601** Country **USA**

City & State
BROOKSVILLE, FL
Zip **34605** Country **USA**

4. FEI Number **59-3592381**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, DARRYL W ESQ.
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, BARRY K	
STREET ADDRESS	P.O. BOX 566	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DERRYBERBY, MARY E	
STREET ADDRESS	P.O. BOX 566	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECR./TRES.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARISA U. BREWER	
STREET ADDRESS	P.O. BOX 566	
CITY-ST-ZIP	BROOKSVILLE, FL 34605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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

1-6-02 352-796-4991

Date Daytime Phone #

CR2E034 (10/02)