## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## S96673 **DOCUMENT #**

1. Entity Name

CRISP-COON FUNERAL HOMES, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90177 025 \*\*\*150.00

| Signature speed or printed name of registered agent and title II appicable    Signature Registered agent   |                         |                                    | •                                       |                      |                     |  |                             |   |          |               |              |               |        |            |             |           |
|--|-------------------------|------------------------------------|---|----------------------|---------------------|--|-----------------------------|---|----------|---------------|--------------|---------------|--------|------------|-------------|-----------|
| Suite, Apt. #. etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Cuy &    | 201 1ST STR             | REET SOUTH                         | S                                       | 201 1ST STREET SOUTH |                     |  |                             | No -  |          |               |              |               |        |            |             |           |
| City & State  Country  Country  Country  Sizer Address of Status Desired  Stat   | 2. Principal            | Place of Busin                     | ness                                    | 3. Mai               | ling Address        |  |                             | -   |          |               |              |               |        |            |             |           |
| City & State  Country  Country  Country  Country  Size Cou   | Suito Ant               | t # ota                            |   |                      |                     |  |                             |   |          |               |              |               |        | •          |             |           |
| Sp.      | Suite, Api              | ι. <del>π</del> , <del>σ</del> ιο. |   | Suite, Apt. #, etc.  |                     |  |                             | ☐ CHECK HERE IF MAKING CHANGES                      |          |               |              |               |        |            |             |           |
| 6. Name and Address of Current Registered Agent 7. Name 7. Name and Address of New Registered Agent in Peo Feoquirod Feo Feoquirod Feograpia Feoquirod Feograpia Feoquirod Feograpia Feoquirod Feoqu   | City & Sta              | nte ;                              |   | City & State         |                     |  |                             | 4. FEI Number 59-3127922 Applied For Not Applicable |          |               |              |               |        |            |             | ole       |
| COON, CAROLYN T. 201 1ST STREET SOUTH WINTER HAVEN FL 33880  City FL Zip Code  City    | Zip                     |                                    |   | <u></u>              |                     |  | itry                        | 5. Certificate of Status De                         |          |               | esired       | . 🗆           |        |            |             | $\neg$    |
| COON, CAROLYN T. 201 1ST STREET SOUTH WINTER HAVEN FL 33880  City  City  FL  Zip Code  PACHORAL Attention, in the State of Florida. I am familiat with, and accept agent on the city of the city o   |                         | 6. Name                            | and Address of Curren                   | t Registere          | d Agent             |  | <del></del>                 | 7Name   | and A    | ddress c      | f New F      | legistere     | d Age  | nt 1       |             |           |
| Street Address (P.O. Box Number is Not Acceptable)  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  FILE NOW!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridal Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  POON, CAROLYN T. STREET ADDRESS  CITY-ST-ZIP  TITLE  TS  COON, MICHAEL T. STREET ADDRESS  CITY-ST-ZIP  TITLE  V  COON, CHARLES E., JR. STREET ADDRESS  CITY-ST-ZIP  TITLE  V  COON, CHARLES E., JR. STREET ADDRESS  CITY-ST-ZIP  TITLE  V  COON, CHARLES E., JR. STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  COON, CHARLES E., JR. STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | COON C                  | AROLYN T                           |   |                      |                     |  | Name                        |   |          | •             |              |               |        | 1          |             |           |
| WINTER HAVEN FL 33880  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  Sociative typed or primed name of inglatered agent and life if applicable. (NOTE Registered Agent signature required when rensaling)  PLIE NOW!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  POON, CAROLYN T.  ITILE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TS  COON, MICHAEL T.  STREET ADDRESS  OTTY-ST-ZIP  Delete  TITLE  NAME  COON, CHARLES E., JR.  OTH ST-ZIP  Delete  TITLE  NAME  COON, CHARLES E., JR.  OTH ST-ZIP  Delete  TITLE  NAME  COON, CHARLES E., JR.  OTH ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  OTTY-ST-ZIP  TITLE  NAME  STREET ADDRESS  OTTY-ST-ZIP  WINTER HAVEN FL 33880  TITLE  NAME  STREET ADDRESS  OTTY-ST-ZIP  TITLE  COON, CHARLES E., JR.  OTH ST-ZIP  OTH ST-ZIP  Addition  Addition  Addition  AMME  STREET ADDRESS  OTTY-ST-ZIP  TITLE  NAME  STREET ADDRESS  OTTY-ST-ZIP  OTTY-ST-ZIP  TITLE  NAME  STREET ADDRESS  OTTY-ST-ZIP  OTTY-ST-ZIP  TITLE  OTTY-ST-ZIP  Addition   |                         |                                    | шн                                      |                      |                     | Street Address (P.O. Box Number is Not Acceptable) |                             |   |          |               |              |               |        |            | ヿ           |           |
| 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 primed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE   |                         |                                    |   |                      |                     |  |                             |   |          | ****          |              | <del></del> , |        |            |             | $\dashv$  |
| SIGNATURE    FILE NOW!!! FEE IS \$150.00   See will be \$550.00  |                         |                                    |   |                      |                     |  | City                        |   |          | <del></del> - |              | F             | :L     | Zip Co     | de          | -         |
| FILE NOW!!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE COON, MICHAEL T. STREET ADDRESS CITY-ST-ZIP  TITLE NAME  COON, CHARLES E., JR. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM | 8. The above the obliga | e named entity<br>tions of registe | submits this statement f<br>ered agent. | or the purpo         | ose of changing its | registere  | ed office or register       | red agent, o  | or both, | in the Sta    | ate of Flo   | orida. La     | ım fam | iliar with | , and accer | ot        |
| FILE NOW!!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME COON, CAROLYN T. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME COON, MICHAEL T. SON, WINTER HAVEN FL 33880 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME COON, CHARLES E., JR. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- | SIGNATURE               | Signature, typed                   | or printed name of registered agen      | t and title if anni  | icable (NOTS        | Registered   | d årrant signature required | Lumas rejectofic                                    |          |               |              | DATE          |        |            |             |           |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  |                         |                                    |   | 1                    | (1401)              | riegisteret  | Agent signatore required    | witer remstatii                                     | igi      | •             |              | UATI          |        | <u> </u>   |             | 4         |
| TITLE NAME V STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Afte                    | r May 1, 200                       | 3 Fee will be \$550.00                  |                      |                     |  |                             | g   |          |               | _            | _             |        |            |             |           |
| NAME V STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 10.                     |                                    | OFFICERS AND                            | DIRECTOR             | RS .                | 11.  |                             | ADDITIO   | DNS/CH   | ANGES         | TO OFF       | ICERS A       | ND DI  | RECTOF     | 3S IN 11    | $\dashv$  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME COON, MICHAEL T. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME COON, CHARLES E., JR. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                         |                                    | 501 WH T                                | _                    | ☐ Delete            | TITLE  |                             |   |          |               |              |               |        | -          |             | n g       |
| CITY-ST-ZIP  WINTER HAVEN FL 33880  CITY-ST-ZIP  TITLE NAME COON, MICHAEL T. STREET ADDRESS CITY-ST-ZIP  WINTER HAVEN FL 33880  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                         |                                    |   | •                    |                     |  |                             |   |          |               |              |               |        | ,          |             | on   S    |
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|  |                         |                                    |   |                      |                     | STREE  | T ADDRESS                   |   |          |               |              |               |        | ;          |             |           |
| IIILE  |                         |                                    |   | <u> </u>             |                     | CITY-  | ST-ZIP                      |   |          |               |              |               |        |            |             |           |
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| NAME NAME  | ı                       |                                    |   |                      |                     | i i  |                             |   |          |               |              |               |        | ,          |             |           |
| STREET ADDRESS  CITY-ST-ZIP  |                         |                                    |   |                      |                     |  |                             |   |          |               |              |               |        | 1          |             |           |
| 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.  |                         |                                    |   |                      |                     | he exem  | nption stated in Sec        |   |          |               |              |               |        |            |             |           |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

eb-17, 7003