

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90145 027 ***150.00

DOCUMENT # S99539

1. Entity Name
SHIKANY'S BONITA FUNERAL HOME, INC.



Principal Place of Business
1000 BONITA PKWY
BONITA SPRINGS FL 34134
US

Mailing Address
1000 BONITA PKWY
BONITA SPRINGS FL 33923

2. Principal Place of Business
28300 Tamiami Tr. So.
Suite, Apt. #, etc.

3. Mailing Address
28300 Tamiami Tr. So.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number **65-0302744**

Applied For
Not Applicable

Zip Country
34134 USA

Zip Country
34134 USA

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

6. Name and Address of Current Registered Agent

SHIKANY, WALTER
1000 BONITA PKWY
BONITA SPRINGS FL 34134

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

(NOTE: Registered Agent signature required when reinstating)

January 22, 2003

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SHIKANY, WALTER 1000 BONITA PKWY BONITA SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Shikany, Sr., Walter R. 28300 Tamiami Tr. So. Bonita Springs, FL 34134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Walter Shikany*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 22, 2003

Date Daytime Phone #

CR2E034 (10/02)