200	Ć ÚNII	FORM BUSI	NESS REP	ORT	(UB	R)		P	9.16	HZ	
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		RRY'S FUNERA	L HOME, INC				l 15	Lam Sand			
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3328		Dale Mabry cida 33629	Mailing Address				SECRETAR TALLAHASS				
2. Principal i	Place of Busine	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. FEI Number 59-3101691		Applied For Not Applicabl				
Zip		Country -	Zip	Cour	ntry	5. (	Certificate of Status Desired		8.75 Ad ee Require		
	6. Name	and Address of Current R	egistered Agent		Name		lame and Address of New Re	gistered A	gent		
4207 Ta	Mark W. icon Ave FL 3362	nue			Street A	Dianne ddress (P.O. B 3328_So	Curry  ox Number is Noi Acceptable)  outh Dale Mabr	<u>у</u> 			
•					<sup>City</sup> Tampa			FL	Zip Cod	<sup>e</sup> 29	
SIGNATURE	Signature, typed o	Gurry	<u>.                                    </u>	Dia	inne (	Curry use required when re	ent, or both, in the State of Flori instating)  10. Election Campaign Fina	DATE	<b></b>	<u> </u>	
_	requirement ar eria on back)	nd elects to do so.	After MAY 1, 2 Make Check Paya	うっこ アレア・1 なきからかー	医动物 化二氯基苯酚二甲二氧甲酚二	t of State	Trust Fund Contribution.		Added	May Be to Fees	
11.	ID	OFFICERS AND D		12.		P/S/T	DITIONS/CHANGES TO OFFIC				
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13. Thereby 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 of 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SI	GN	ΙΔΊ	FL 11	RF.

NAME

STREET ADDRESS

CITY-ST-ZIP

2/17/00

Date

813/831-9444

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ACCOUNT NO. : 072100000032

REFERENCE

2849<u>2 L</u> . 719422

AUTHORIZATION

COST LIMIT : \$ 158.75

ORDER DATE: March 16, 2000

ORDER TIME : 9:40 AM

ORDER NO. : 628492-005

CUSTOMER NO:

7194225

CUSTOMER: Virginia Dickman, Paralegal

Whittemore & Manelli, P.a. Park Tower, Suite 2630 400 North Tampa Street

Tampa, FL 33602

## ANNUAL REPORT FILING

NAME:

MARK CURRY'S FUNERAL HOME,

INC.

XX _ ANNUAL REPORT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Tamara Odom
EXAMINER'S INITIALS:

DEPARTMENT OF STATE O