

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91201 026 ***155.00

DOCUMENT #

1. Entity Name

*AMERICAN FAMILY CREMATION
VO 3681 CONSULTANTS INC*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 CLEVELAND AVE

3. Mailing Address

S/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS

City & State

Zip

33901

Country

Lee

Zip

Country

FEI Number

39-3101346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROWENA GALLAGHER

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

2701 Cleveland Ave

City

FT MYERS

FL

33901

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.

SIGNATURE

Rowena Gallagher

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/2/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<i>OWNER</i>
NAME	<i>ROWENA GALLAGHER</i>
STREET ADDRESS	<i>2701 CLEVELAND AVE</i>
CITY-ST-ZIP	<i>FT MYERS 33901</i>
TITLE	<i>OWNER</i>
NAME	<i>JOHN E. GALLAGHER</i>
STREET ADDRESS	<i>P.O. BOX 327</i>
CITY-ST-ZIP	<i>FT MYERS 33901</i>
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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rowena Gallagher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rowena A GALLAGHER 5-9-2002

Date

Daytime Phone #

CR2E034B (12/01)