2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V31984

Entity Name: NAPLES MEMORIAL GARDENS, INC.

FILED Jan 13, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
586 111TH NAPLES, F	HAVENUE NO FL 33963	RTH				
Current Mailing Address:				New Mailing Address:		
2225 SHEPPARD AVENUE EAST SUITE 1100 TORONTO, ON M2J 5C2						
FEI Number:	: 65-0349037	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD				
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.						
SIGNATUR						
	Electron	ic Signature of Registered Age	ent			Date
	mpaign Financing	g Trust Fund Contribution ().		ADDITION	IS/CHANGI	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	STAM, BRADLE 1100-2225 SHE	Delete SY D SPPARD AVE. E. NADA, M2J 5C2		Title: Name: Address: City-St-Zip:		(X) Change ()Addition ILLIAM SHEPPARD AVE. E. ON M2J 5C2 CA
Title: Name: Address: City-St-Zip:	VP () MATHEWES, J. 1680 METROPO TALLAHASSEE	DLITAN CIRCLE		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VP () GAUNTLEY, AN 1029-4710 KIN BURNABY, B.C	SSWAY		Title: Name: Address: City-St-Zip:	VP GAUNTLEY, 1029-4710 I BURNABY,,	
Title: Name: Address: City-St-Zip:	ANGELES, AZÁ 1100-2225 SHE	Delete LEA K PPARD AVE. E. FARIO, M2J 5C2		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition , LAUREL PARD AVE. E., SUITE 1100 ON M2J 5C2 CA
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:		()Change(X)Addition PAUL PARD AVE. E., SUITE 1100 ON M2J 5C2 CA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL LANGFORD ST 01/13/2003