

DOCUMENT # J39733

1. Entity Name
A CUT ABOVE A LAWN AND TREE SERVICE, INC.

Principal Place of Business
10875 NW 52 ST
SUITE #4
SUNRISE FL 33351
US

Mailing Address
10875 NW 52ND ST
SUITE #4
SUNRISE FL 33351
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

LEWIN, JOHN A
10875 NW 52ND ST
SUITE #4
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name
BARRY VINIG
Street Address (P.O. Box Number Not Acceptable)
233 NW 123 WAY
City
CORAL SPRINGS FL Zip Code
33071

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 *[Signature]* DATE 1/5/01
(NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	Delete
NAME	LEWIN, JOHN	
STREET ADDRESS	1877 N.W. 108TH TERR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	V	Delete
NAME	GOUZ, RONALD	
STREET ADDRESS	6376 NW 72ND PLACE	
CITY-ST-ZIP	PARKLAND FL	
TITLE	S	Delete
NAME	VINIG, BARRY	
STREET ADDRESS	233 N.W. 123RD WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PRESIDENT	Change	Addition
NAME	RONALD GOUZ		
STREET ADDRESS	6376 NW 72 PL		
CITY-ST-ZIP	PARKLAND, FLA 33067		
TITLE	TRES, SECRETARY	Change	Addition
NAME	BARRY VINIG		
STREET ADDRESS	233 NW 123 WAY		
CITY-ST-ZIP	CORAL SPRINGS, FLA 33071		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 1/5/01 954 572-3358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90089 035 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2737154 Applied For Not Applicable

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

CR2E034 (10/00)