

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90013 013 ***150.00

00001638



DO NOT WRITE IN THIS SPACE

DOCUMENT # L66003			
1. Entity Name CUSTOM CUT MOWING, INC.			
Principal Place of Business C/O WILLIAM S. LYNN 142 WEST SECOND STREET JUPITER FL 33458		Mailing Address C/O WILLIAM S. LYNN 142 WEST SECOND STREET JUPITER FL 33458	
2. Principal Place of Business Jupiter, FL Suite, Apt. #, etc. 142 Sec St. City & State Jupiter FL		3. Mailing Address 142 Second St. Suite, Apt. #, etc. Jupiter FL City & State	
Zip 33458		Country U.S.A.	
Zip 33458		Country U.S.A.	
4. FEI Number 65-0193183		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNN, WILLIAM S. 142 WEST SECOND STREET JUPITER FL 33458			
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. SIGNATURE <u>William S. Lynn</u> DATE <u>Jan 6, 2001</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME D STREET ADDRESS LYNN, WILLIAM S. CITY-ST-ZIP 142 WEST SECOND STREET JUPITER FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME President STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME D STREET ADDRESS LYNN, LOUELLA M. CITY-ST-ZIP 142 WEST SECOND STREET JUPITER, FL 33458		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Vice President STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William Lynn</u> <u>WILLIAM LYNN</u> 1/6/2001 561-746-8500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (10/00)