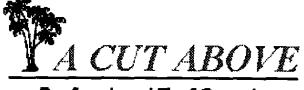
2ල්ව0 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # L67042** Jul 20, 2000 8:00 am Secretary of State 1. Entity Name A CUT ABOVE PROFESSIONAL TURF CARE, INC. 07-20-2000 90017 033 ***150.00 Principal Place of Business Mailing Address 6722 ORCHID LAKE RD 6722 ORCHID LAKE RD 6834 LASSEN AVE 6834 LASSEN AVE NEW PORT RICHEY FL 34653 **NEW PORT RICHEY FL 34653** RACAGUUN 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3017119 Not Applicable .Country_ Country \$8.75-Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIGMAN, FRANCINE Street Address (P.O. Box Number is Not Acceptable) 6834 LASSEN AVENUE **NEW PORT RICHEY FL 34653** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE SIGMAN, ROGER A NAME NAME STREET ADDRESS STREET ADDRESS 6834 LASSEN AVE CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34655** TITLE VS. ☐ Delete TITLE ☐ Change ☐ Addition NAME SIGMAN, FRANÇINE NAME STREET ADDRESS STREET ACCRESS 6834 LASSEN AVE CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34655** ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 will SIGNATURE:



Professional Turf Care, Inc.

7/11/2000

To Whom it may Concern:

Dure Corporation Report with The
State AND I just received Notice
of These papers being hate in Fieling.
We Never received our First packet
in the mail. Please for give This Late
payment; but if we had received
our First packet it would have been
paid immediately.

Attachment L67042 Sincencly FRANCINE Sigmon V/P. Flance