

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67042

1. Entity Name

A CUT ABOVE PROFESSIONAL TURF CARE, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90017 033 \*\*\*150.00

Principal Place of Business

6722 ORCHID LAKE RD  
6834 LASSEN AVE  
NEW PORT RICHEY FL 34653

Mailing Address

6722 ORCHID LAKE RD  
6834 LASSEN AVE  
NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3017119

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIGMAN, FRANCINE  
6834 LASSEN AVENUE  
NEW PORT RICHEY FL 34653

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
SIGMAN, ROGER A  
6834 LASSEN AVE  
NEW PORT RICHEY FL 34655 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
SIGMAN, FRANCINE  
6834 LASSEN AVE  
NEW PORT RICHEY FL 34655 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

407042

AC060589



**A CUT ABOVE**

Professional Turf Care, Inc.

7/11/2000

To Whom it may Concern:

I would like to process  
our Corporation Report with The  
State AND I just received notice  
of These papers being late in Filing.  
We Never received our First packet  
in the mail. Please forgive This late  
payment, but if we had received  
our First packet it would have been  
paid immediately.

Attachment  
L67042

Sincerely  
Francine Sigman v/p.  
