

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90110 029 ***158.75

C0060073



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|--|
| DOCUMENT # L67042 | | | |
| 1. Entity Name A CUT ABOVE PROFESSIONAL TURF CARE, INC. | | | |
| 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 8549 REES STREET Suite, Apt. #, etc. Building A Port Richey, Florida Zip 34668 Country PASCO | | 3. Mailing Address 8549 REES ST. OR Suite, Apt. #, etc. P.O. Box 1259 Port Richey FL Zip 34656 Country PASCO | |
| 4. FEI Number 59-3017119 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SIGMAN, FRANCINE 6834 LASSEN AVENUE NEW PORT RICHEY FL 34653 | | 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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT SIGMAN, ROGER A 6834 LASSEN AVE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS SIGMAN, FRANCINE 6834 LASSEN AVE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Francine Sigman</i> | | 4/24/01 727-842-5996 Date Daytime Phone # | |

CR2E034 (10/00)