

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90157 023 \*\*\*158.75

**DOCUMENT #**

**1. Entity Name**

**L67042** ✓  
**ACUT ABOVE INC.**

**DO NOT WRITE IN THIS SPACE**

**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**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

**A. Cut Above Professional Turf Care Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**8549 REES STREET**

City

**Port Richey**

FL

Zip Code

**34668**

**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 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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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** **Roger A. Sigman President/owner**  
**NAME** **8834 LASSON AVE**  
**STREET ADDRESS** **New Port Richey, FL 34655**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** **Vice President**  
**NAME** **FRANCINE SIGMAN**  
**STREET ADDRESS** **8834 LASSON AVE.**  
**CITY - ST - ZIP** **New Port Richey FL 34655**

**TITLE**  
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**STREET ADDRESS**  
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

Date

**727 - 842-5296**

Daytime Phone #

CR2E0348 (12/01)