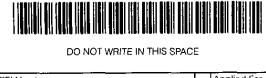
## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L72241**

A KUT ABOVE LAWN SERVICE, INC. Mailing Address Principal Place of Business 14430 SW 24TH ST. 2269 S. UNIVERSITY DRIVE SUITE #278 DAVIE FL 33325-5037 DAVIE FL 33324-5825 US 2.

## **FILED** May 04, 2000 8:00 am Secretary of State

05-04-2000 90022 008 \*\*\*150.00



2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address		}   1881/101/1   15/1   1881/8   1881/8   1881/8   1881/8   1881/8   1881/8   1881/8   1881/8   1881/8   1881/8		
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
		City & State		4. FEI Number 65-0192623 Applied For Not Applicab		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent		
			Name			
CLAUSS, DAVID 14430 S.W. 24 ST. DAVIE FL 33325			Street Addre	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 it	s registered office or reg	gistered agent, or both, in the State of Florida.		
•••••••••	That is a second to the second					
SIGNATURE .						
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent signature re-	equired when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2	/!!! FEE IS \$150.00 000 Fee will be \$550. ble to Department of			
11.	OFFICERS AN	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAUSS, DAVID A 14430 SW 24TH ST DAVIE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLAUSS, CHERYL L. 14430 SW 24TH ST. DAVIE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5</i> ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: