

2000 UNIFORM BUSINESS REPORT (UBR)

0004597 AF

DOCUMENT # L94000000717

1. Entity Name
D'CLASE CUTTING SERVICES, L.C.

FILED *WR 3/20*
00 MAR -7 PM 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
9324 NW 102 ST
MEDLEY FL 33178

Mailing Address
9324 NW 102 ST
MEDLEY FL 33178-1334



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 65-0549116

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELVIDGE, GARY
9324 NW 102 ST
MEDLEY FL 33178

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME SELVIDGE, GARY
STREET ADDRESS 9324 NW 102 ST
CITY- ST- ZIP MEDLEY FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100003179661--7
-03/22/00--01041--013
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/2/00 305-883-7706

CR2E083 (9/99)