

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90713 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000061941
1. Entity Name
CUTTER'S EDGE LAWN CARE INC.

DO NOT WRITE IN THIS SPACE

11039108

2. Principal Place of Business
13870 SILVER LAKE CT.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Myers FL
Zip
33912
Country
USA

City & State
Zip
Country

4. FEI Number
65-0780148
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
John Sawchuk
Street Address (P.O. Box Number is Not Acceptable)
13870 SILVER LAKE CT.
City
Ft. Myers FL Zip Code
33912

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 **John Sawchuk** 4/28/03
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) ☐

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
PRESIDENT
NAME
JOHN SAWCHUK
STREET ADDRESS
13870 SILVER LAKE CT.
CITY- ST- ZIP
FT. MYERS FL 33912

TITLE
VICE PRESIDENT
NAME
JOHN SAWCHUK
STREET ADDRESS
13870 SILVER LAKE CT.
CITY- ST- ZIP
FT. MYERS FL 33912

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DO NOT WRITE 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: **John Sawchuk** 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)