

2002 UNIFORM BUSINESS REPORT (UBR)

0518972 AV

DOCUMENT # P01000024864
 1. Entity Name
EMERALD CUT LAWN SERVICE, INC.

FILED

02 AUG -5 AM 11:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 5370 CLARK RD. SUITE 128 5370 CLARK RD. SUITE 128
 SARASOTA FL 34233-3227 SARASOTA FL 34233-3227

2. Principal Place of Business 3. Mailing Address
Emerald Cut Lawn Service Inc. **Emerald Cut Lawn Service Inc.**
 Suite, Apt., or P.O. Box Suite, Apt., or P.O. Box
7555 Saddle Creek Trail **7555 Saddle Creek Trail**
Sarasota, Florida 34241 **Sarasota, Florida 34241**

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country
 USA USA

4. FEI Number Applied For
65-1088699 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KURVIN, STEPHEN H
7 S LIME AVENUE
SARASOTA FL 34237

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
300006972449--1
 City **08/06/02 01038 005**
******150.00 FL****150.00**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 D Delete <input type="checkbox"/>	NAME MCNEELY, ROGER B STREET ADDRESS 7555 SADDLE CREEK CIRCLE CITY-ST-ZIP SARASOTA FL 34241
TITLE D Delete <input type="checkbox"/>	NAME MCNEELY, SANDRA K STREET ADDRESS 7555 SADDLE CREEK CIRCLE CITY-ST-ZIP SARASOTA FL 34241
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Melissa K McNeely <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 7555 Saddle Creek Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CITY-ST-ZIP Sarasota FL 34241
TITLE Roger B McNeely <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 7555 SADDLE CREEK TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS SARASOTA FL 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CITY-ST-ZIP
TITLE Secretary-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Sandra K McNeely <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 7555 SADDLE CREEK TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CITY-ST-ZIP SARASOTA FL 34241
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP

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: **Sandra K McNeely** 7/20/02 941-925-1772
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
Doc. # P01000024864

July 30, 2002

CORPORATION FILING

P01000024864

In February 2002 I placed a \$150 check in env to send off before the deadline. Then I got anemia and bloodwork was ongoing. Afterwards in May, my mother was diagnosed with COPD and severe respiratory disorder and I traveled there in May and June of this year. Just today I found the check and envelope that I long ago thought I had mailed.

Please forgive me. This is my first time doing this and the stresses have been unbelievable. I am enclosing the form and \$150 ^{a few} and should I need to mail more I will do so. Your consideration will be appreciated and I will never repeat the mistake. Thank you for your time.

Note Item 11 is unchanged and I had to line through 12 as I did not read close enough.

EMERALD CUT LAWN SERVICE INC.
7555 Saddle Creek Trail
Sarasota, Fl 34241

Sandra K McNeely

*Please
B.S. Bell if additional late fees can be waived*