

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90226 015 ***150.00

0196607 AV

DOCUMENT # P01000026509

1. Entity Name
BEST CUTS LAWN SERVICE INC.



Principal Place of Business
8102 SW 11TH ST
N LAUDERDALE FL 30068

Mailing Address
8102 SW 11TH ST
N LAUDERDALE FL 30068

90133205



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1084332**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIVERPOOL, RUTH
8428 W OAKLAND PK BLVD
SUNRISE FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SIMPSON, BARRINGTON**
STREET ADDRESS **8102 SW 11TH ST**
CITY-ST-ZIP **N LAUDERDALE FL 30068**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIMPSON, BARRINGTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-03 **(954) 716-5011**
Date **Daytime Phone #**

CR2E034 (10/02)

Attachment Do# 90133205
PO1000026509

*Lass Accounting & Business Services, Inc.
8428 W. Oakland Park, Blvd.
Sunrise, FL 33351*

90133

5/3/03

*Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314*

RE: Best Cuts Lawn Service.

To Whom It May Concern:

In reference to the above corporation we would like to sincerely apologize for the late filing for the above corporation. My Client President of Best Cuts Lawn Service Inc was out of town during the time the UBR was mailed to him. We would appreciate if you please take this into consideration and waive my client's additional filing fee of \$400.00, which has been added. Thank you for your consideration. Enclosed is the copy of the UBR and a check for \$150.00 for the corporation.

Respectfully,



*Colleen Pope
Accounting Associate*