

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90087 048 ***158.75

DOCUMENT # P01000089089

1. Entity Name
Cutting Edge Lawn & Landscape Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
106 Commerce Way

3. Mailing Address
PO Box 1995

Suite, Apt. #, etc.
A-6

Suite, Apt. #, etc.

City & State
Jupiter, FL

City & State
Jupiter, FL

4. FEI Number
65-1136055

Applied For
Not Applicable

Zip
33458

Country
Palm Beach

Zip
33468-1995

Country
Palm Beach

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
Donald L. Brooks, Esquire

Street Address (P.O. Box Number is Not Acceptable)
1201 US Highway One

City
North Palm Bch, **FL** Zip Code
33408

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 _____ (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 P/T/D President/Treasurer/Director
NAME & Darlene Simmons
STREET ADDRESS 941 Marlin Drive
CITY-ST-ZIP Jupiter, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D Secretary/Director
NAME Brian E. Simmons
STREET ADDRESS 941 Marlin Drive
CITY-ST-ZIP Jupiter, FL 33458

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**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: Darlene Simmons, Darlene Simmons 4/23/02 (561) 741-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)