FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90277 045 ***150.00

DOCUMENT # P01000114458

1. Entity Name

J. Cut Above L.m. Inc

DO NOT WRITE IN THIS SPACE

20041606

2. Principal Place of Business

4720 Whistler Green
Suite, Apt. #, etc.
#6
City & State
Naples FL.
Zip
34116
Country
U.S.

3. Mailing Address

Q
CUT
LAWN SERVICE
P.O. BOX 366905
Bonita Springs Fl, 34135

DO NOT WRITE IN THIS SPACE

Number
59-3758654
☐ Applied For
☐ Not Applicable

ficate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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 Jorge Quintana 4-20-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Quintana, Jorge 4720 Whistler Green HC Naple FL 34116	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge Quintana 4/20/05 (239) 293 9729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #