

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90255 035 ***150.00

DOCUMENT # *P01000116861*

1. Entity Name

CLASSIC CUT LAWN & MAINTENANCE, INC.

DO NOT WRITE IN THIS SPACE

11017715

2. Principal Place of Business

16300 SE Highway 42

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 622

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEIRSDALE, FL

City & State

WEIRSDALE, FLORIDA

4. FEI Number

010559344

Applied For

Not Applicable

Zip

32195

Country

MARION

Zip

32195

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ASTRID SOLL

Street Address (P.O. Box Number is Not Acceptable)

11201 CALLAWAY GREENS DRIVE

City
FORT MYERS

FL

Zip Code
33913

**DO NOT WRITE
IN THIS SPACE**

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

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
President / Director
Brian J. Kellaher
16300 SE Highway 42
Weirsdale, FL 32195

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V-P/Secr-Treas. / Director
Nancy I. Kellaher
16300 SE Highway 42
Weirsdale, FL 32195

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 (352) 821-0319

CR2E034B (12/01)