

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90292 046 ***150.00

0657986 AV

DOCUMENT # P02000047558

1. Entity Name

CUT IT OUT LAWN & LANDSCAPING, INC.



Principal Place of Business

**4049 47TH ST.
SARASOTA FL 34235**

Mailing Address

**4049 47TH ST.
SARASOTA FL 34235**

2. Principal Place of Business

3. Mailing Address

225 St Lucie Ave

225 St Lucie Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34232

Country

Zip

34232

Country

4. FEI Number

73-1642827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HLASNICK, DANIEL S
4049 47TH ST.
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name **Scott Gromann**

Street Address (P.O. Box Number is Not Acceptable)
225 St Lucie Ave

City **Sarasota**

FL

Zip Code

34232

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 **Scott Gromann**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **HLASNICK, DANIEL S**
STREET ADDRESS **4049 47TH ST.**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **President** ☒ Change ☐ Addition
NAME **Scott Gromann**
STREET ADDRESS **225 St Lucie Ave**
CITY-ST-ZIP **Sarasota FL 34232**

TITLE **V** ☐ Delete
NAME **GROMANN, SCOTT F**
STREET ADDRESS **225 ST. LUCIE AVE.**
CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Scott Gromann **3/14/03** **(941) 544-2542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)