

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90104 014 ***150.00

DOCUMENT # P02000064242



1. Entity Name
ALL THE RIGHT CUTS LAWN SERVICE, INC.

Principal Place of Business
**221 NE 50 COURT
FT LAUDERDALE FL 33334**

Mailing Address
**221 NE 50 COURT
FT LAUDERDALE FL 33334**



2. Principal Place of Business
221 NE 59th Court
Suite, Apt. #, etc.

3. Mailing Address
221 NE 59th Court
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT LAUDERDALE FL 33334
Zip
33334
Country
USA

City & State
FT LAUDERDALE
Zip
33334
Country
USA

4. FEI Number
03-0459789

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, DEAN
221 NE 50 COURT
FT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name
Jones, Dean
Street Address (P.O. Box Number is Not Acceptable)
221 NE 59th Court
City
FT LAUDERDALE FL Zip Code
33334

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

TITLE	D <input type="checkbox"/> Delete
NAME	JONES, DEAN
STREET ADDRESS	221 NE 50 COURT
CITY-ST-ZIP	FT LAUDERDALE FL 33334
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 954-557-7266
Date Daytime Phone #

CR2E034 (10/02)