

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 024 ***150.00

DOCUMENT # P02000097740

1. Entity Name

Kutting Krew Total Lawn Care, Inc.



DO NOT WRITE IN THIS SPACE

10077877

2. Principal Place of Business
586 Highbrooke Blvd.

3. Mailing Address
PO Box 1178

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ocoee, FL

City & State
Ocoee, FL

4. FEI Number
46-0499196

Applied For
Not Applicable

Zip
34761

Country
USA

Zip
34761

Country
USA

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 **Kathryn Julie Andrijiszyn**

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

586 Highbrooke Blvd.

City **Ocoee**

FL Zip Code
34761

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

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

K. Andrijiszyn - President

April 15, 2003

(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	P/D Kathryn Julie Andrijiszyn 586 Highbrooke Blvd. Ocoee, FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Garrett Michael Andrijiszyn 586 Highbrooke Blvd. Ocoee, FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

K. Andrijiszyn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn J. Andrijiszyn

April 15, 2003 407-656-9066

Date

Daytime Phone #

CR2E034B (12/02)