

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90055 040 ***150.00

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DOCUMENT # P02000103490

1. Entity Name

PRO CUT LAWN MAINTENANCE, INC.



Principal Place of Business

**18353 FLAGSHIP CIRCLE
JUPITER FL 33458**

Mailing Address

**18353 FLAGSHIP CIRCLE
JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0489459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, SCOTT
6650 WEST INDIANTOWN ROAD
SUITE 200
JUPITER FL 33458**

7. Name and Address of New 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE ☐ Delete
NAME **D KAPLAN, BRENT**
STREET ADDRESS **18353 FLAGSHIP CIRCLE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☒ Delete
NAME **D KAPLAN, HARLAN**
STREET ADDRESS **18353 FLAGSHIP CIRCLE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **D Kaplan, Lisa**
STREET ADDRESS **18353 Flagship Cir.**
CITY-ST-ZIP **Jupiter, FL 33458**

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

LISA KAPLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03

Date

**(561)
262-4952**

Daytime Phone #

CR2E034 (4/03)



Attachment#

90155261

P020000103490

9/5/03

To Whom it may Concern:

Pro Cut Lawn Maintenance did not receive any prior notice; therefore I am requesting that the late fee be waived.

Thank you,
Lisa Kaplan
Director