

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

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90385 040 ***150.00

DOCUMENT # **P93000023560**

1. Entity Name

**SHARP EDGE LAWN MAINT.
INC.**

118060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 Washington Rd.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALERICO, FLORIDA

City & State

Zip

33594

Country

HILLSBOROUGH

Country

4. FEI Number

59-3178156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LISA L. WIGGINS

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

2701 Washington Rd.

City

VALERICO

FL

Zip Code

33594

**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-ST-ZIP	Pres. Lisa L. Wiggins 2701 Washington Rd. Valerico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Charles Wiggins 2701 Washington Rd. Valerico, FL 33594
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CR2E034B (12/01)

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

6/01/02

813 681-5468

Date

Daytime Phone #

Attachment
P93 000023560
118060

To Whom IT CONCERNS:

I DID NOT RECEIVE A BOOKLET
THIS YEAR. I CALLED THE DEP. OF
STATE TO GET A FORM. THAT'S
WHY THIS IS LATE. PLEASE
CHECK MY ADDRESS.

2701 WASHINGTON RD.
VALRICO, FL 33594

Thank You
Lgy