



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

FILED

03 OCT -3 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023560	
1. Entity Name SHARP Edge LAWN MAINTENANCE INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2701 WASHINGTON Rd. Suite, Apt. #, etc.	3. Mailing Address 2701 WASHINGTON Rd. Suite, Apt. #, etc.
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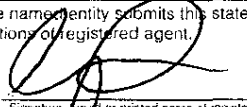
DO NOT WRITE IN THIS SPACE

City & State VALERIE, FL	City & State VALERIE, FLORIDA
Zip 33594	Zip 33594
Country	Country

4. FEI Number 59-3178156	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

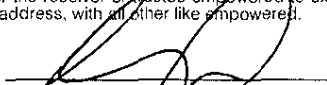
7. Name and Address of Current Registered Agent	
Name Lisa Wiggins	
Street Address (P.O. Box Number is Not Acceptable) 000023522848	
City FL	
Zip Code 00002	

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.	DATE 4/28/03 (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres. Wiggins, Lisa L 2701 Washington Rd Valerie, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP V. Pres. Charles 2701 Washington Rd. Valerie, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/28/03 813-299-3798 Daytime Phone

CR2E034B (12/02)

7 10/3

To whom it may concern:

I mailed this on 4/28/93
The check was money order
It was for 4987 for 150.00

If you have any questions
give me a call 813 299-3798

Charles W. W. Jr.

V. Pres.

