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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2701 Washington Rd.
Suite, Apt. #, etc.
City & State
Valrico, FL
Zip 33594
Country

3. Mailing Address
2701 Washington Rd.
Suite, Apt. #, etc.
City & State
Valrico, Florida
Zip 33594
Country

4. FEI Number 59-3178156
☐ Applied For
☐ Not Applicable

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: Lisa Wiggins
Street Address (P.O. Box Number is Not Acceptable):
000023522848
same as 03A02/03--01084--026 **150.00
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: V. Pres. 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (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	Pres.
NAME	Wiggins, Lisa L
STREET ADDRESS	2701 Washington Rd
CITY-ST-ZIP	Valrico, FL 33594
TITLE	V
NAME	Wiggins Charles
STREET ADDRESS	2701 Washington Rd.
CITY-ST-ZIP	Valrico, FL 33594

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: V. Pres. 4/28/03 813-299-3798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

10/3

To whom it may concern:

I mailed this on 4/28/93
The check was money cashed.
It was check #987 for 150.00

If you have any questions please
give me a call 813 249-3798

Charles Wiggins
V. Gibbs

Mead