2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90300 023 ***150.00

DOCUMENT # P93000055529

1. Entity Name
PAY PER CUT LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
PO BOX 8454 CLEARWATER FL 34618 US	PO BOX 8454 CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 8454	P.O. Box 8454
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater FL.	City & State: Clearwater, FL.
Zip: 33758 Country	Zip: 33758 Country

4. FEI Number 59-3197347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VASQUEZ, EUGENE 2159 NURSERY RD #132 CLEARWATER FL 34624	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.

SIGNATURE Eugene Vasquez — 4-25-2001
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PD~~ ~~VASQUEZ, EUGENE~~ ~~2159 NURSERY RD #132~~ ~~CLEARWATER FL 34624~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pd Vasquez Eugene 800 Starcrest Dr. Apt. 892 Clearwater, FL. 33765 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VASQUEZ, DAVID 2166 BELL CHEER DR CLEARWATER FL 34624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene Vasquez EUGENE VASQUEZ, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #