2000 UNIFORM BUSINESS REPORT (UBR)

Feb 29, 2000 8:00 am Secretary of State DOCUMENT # P97000037796 CLEAN CUT LAWN INC. 02-29-2000 90185 006 ***150.00 Principal Place of Business 20740 NORTHWEST 7TH AVENUE, #202 20740 NORTHWEST 7TH AVENUE, #202 MIAMI FL 33169-7013 MIAMI FL 33169 00024845 2. Principal Place of Business 12313 S.W. 10th S 3. Mailing Address 12313 S.W. 10th Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Pembroke Pembroke Pines, FL. 65-0756649 Not Applicable Country **\$8.75** Additional 33075 33025 5. Certificate of Status Desired BROWARD BROWARD Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, J.C. Johnson, Johnny L Jr. Street Address (P.O. Box Number is Not Acceptable) 20740 7TH AVENUE, #202 MIAMI FL 33169 Zip Code 33025 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 DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. JOHNSON JE, JOHNNY C. 12313 Ew. 10th Street ☐ Addition ☐ Delete TITLE JOHNSON, JOHNNY L JR NAME STREET ADDRESS STREET ADDRESS 20740 NW 7TH AVE SUITE 202 Pembroke Pines, FL. 33025 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST_ZIP - CITY-ST-ZIP. ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 in Block 12

FILED

Feb. 18, 2000