

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90106 024 \*\*\*150.00

**DOCUMENT # P97000044241**

**1. Entity Name**  
**FINAL CUT LAWN SERVICE, INCORPORATED**

**Principal Place of Business**

**17908 SW 14TH STREET**  
**PEMBROKE PINES FL 33029**

**Mailing Address**

**17908 SW 14TH STREET**  
**PEMBROKE PINES FL 33029**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**61-0850266**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**DILIELLO, ALFRED**  
**17908 SW 14TH STREET**  
**PEMBROKE PINES FL 33029**

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. I am familiar with, and accept the obligations of registered agent.**

**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) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **D** ☐ Delete  
**NAME** **DILIELLO, ALFRED**  
**STREET ADDRESS** **17908 SW 14TH STREET**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33029**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9/16/02 954 430 2909**  
Date Daytime Phone #

CR2E034 (4/02)

Attachment

9809127

Final Cut Lawn Service Inc  
Al DiLiello  
17908 SW 14 St  
Pembroke Pines Fl, 33029

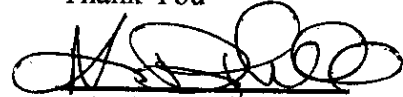
To: Division of Corporations

#1970060 44241

Per my phone conversation with a representative of your office I am returning this form with a \$150.00 check. Each year I send this in prior to May 1, and this year was no exception. I sent the application in at least 4 weeks prior to the deadline. I am unsure why it was not processed. My Check #1021 was not cashed. If my payment is found please do not charge me twice for this fee. If you have any question please contact me by mail or phone @954-430-2909.

If you check your records, you will find I have never been late with my payment since I've started the business.

Thank You

  
Al DiLiello