

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90141 004 ***150.00

DOCUMENT # P97000065120

1. Entity Name
COLLEGE CUTTERS LAWN AND LANDSCAPE, INC.

Principal Place of Business

3245 5TH AVE N.
ST. PETERSBURG FL 33713

Mailing Address

PO BOX 13202
ST. PETERSBURG FL 33733
US

2. Principal Place of Business

2241 2ND AVENUE S.
 Suite, Apt. #, etc.

3. Mailing Address

2241 2ND AVENUE S.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number **59-3463853**

Applied For
 Not Applicable

Zip **33712**

Country **US**

Zip **33712**

Country **US**

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

6. Name and Address of Current Registered Agent

ATKINSON, JOEL D
2241 2ND AVENUE SOUTH
SAINT PETERSBURG FL 33712

7. Name and Address of New Registered Agent

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 _____ 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, 2002 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

TITLE **P** ☐ Delete
NAME **ATKINSON, JOEL D**
STREET ADDRESS **2241 2ND AVENUE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **V** ☐ Delete
NAME **BURKE, KEVIN M**
STREET ADDRESS **8454 TOBAY RD., N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **V** ☐ Delete
NAME **BURKE, THOMAS A**
STREET ADDRESS **8454 TOBAY RD., N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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

SIGNATURE: **JOEL ATKINSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2002 (727) 328-9686
 Date Daytime Phone #

CR2E034 (9/01)