2004 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)				FILED		
DOCUMENT # P97000107608 1. Entity Name				Mar 22, 2001 8:00 am Secretary of State		
EASY CUT LAWN CARE SERVICES, II	NC.			03-22-2001 90043		
Principal Place of Business	Mailing Address					
2166 NEW YORK ST WEST MELBOURNE FL 32904	2166 NEW YORK ST WEST MELBOURNE FL 32904			^ ប្ប	15857	
					UK 8789 1768 600 8688 1884 188	
2. Principal Place of Business 3565 DOURGOOD TYAIL	3. Mailing Address 3565 DLYWOOD TVAIL Suite, Apt. #, etc.					
Suite, Apt. #, etc. City & State	City & State	·		DO NOT WRITE IN THE	Applied For	
Melbarne Florida	melborne Zip	FLOCIC Country	10	35'3400072	Not Applicable \$8.75 Additional	
33934 6. Name and Address of Current R	39931		_ <u>_</u>	Certificate of Status Desired Name and Address of New Register	Fee Required	
SHORT, RAYMOND E 2166 NEW YORK ST SAME AS ABOVE Street						
			Street Address (P.O. Box Number is Not Acceptable)			
WEST-MELBOURNE-FL-32904						
		City			Zip Code	
8. The above named entity submits this statement for t	the purpose of changing its re	gistered office or	registered as	gent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	tegistered Agent signatu	re required when	reinstating) DA	TE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to D		Fee will be \$5	50.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND D	IRECTORS	12.	Al	DDITIONS/CHANGES TO OFFICERS		
TITLE PVST NAME SHORT, RAYMOND E STREET ADDRESS 2166 NEW YORK ST	□ Delete	TITLE NAME STREET ADDRESS)5Ama 3565	Deerwood Tráil	Change Addition	
CITY-ST-ZIP WEST MELBOURNE FL 32904		CITY-ST-ZIP	meloo	ourne, FC 32934		
TITLE NAME	☐ Delete	TITLE NAME			☐ Change ☐ Addition ☐	
STREET ADDRESS CITY-ST-ZIP	مينو ښو	STREET ADDRESS CITY-ST-ZIP	· • · · · · · · · · · · · · · · · · ·	- Lander		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Oelete	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	<u>.</u>		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
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 supplier of tal 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 effect 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 empoyated. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Discrepance of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplier or director of the corporation or the receiver or trustee empowers in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empoyated. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						