

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90360 032 \*\*\*158.75

**DOCUMENT # P98000006355**

1. Entity Name

**THE CUTTING EDGE SUPERIOR LANDSCAPE MAINTENANCE INC.**

Principal Place of Business

1128 W RIVER DR.  
 MARGATE FL 33063  
 US

Mailing Address

PO BOX 15034  
 PLANTATION FL 33318  
 US

0000J003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2991 NW 103 Lane  
 Suite, Apt. #, etc.

PO Box 15  
 Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

4. FEI Number

65-0412874

Applied For

Not Applicable

Zip

Country

33065 Broward

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

THOMAS, STEVE  
 2941 NW 103RD LANE  
 CORAL SPRINGS FL 33065

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)

4/20/02  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	THOMAS, STEVE	P O BOX 15034	PLANTATION FL 33318	<input type="checkbox"/>
V	THOMAS, SHARON	7391 W SUNRISE BLVD	PLANTATION FL 33313	<input type="checkbox"/>
-VS	ARNZEN, HELEN M	P O BOX 15034	PLANTATION FL 33318	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	Thomas, Helen A.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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

4/20/02  
 Date

(954) 873-6427  
 Daytime Phone #