

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029350

1. Entity Name

CLEARCUT SOLUTIONS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90108 005 ***150.00

Principal Place of Business

Mailing Address

405 CENTRAL AVENUE
 SUITE 201
 ST. PETERSBURG FL 33701

405 CENTRAL AVENUE
 SUITE 201
 ST. PETERSBURG FL 33701-3867

2. Principal Place of Business

3. Mailing Address

4900 Alcazar Way S

P.O. Box 326

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 St Petersburg FL

City & State
 St Petersburg FL

4. FEI Number 59-3508510

Applied For
 Not Applicable

Zip
 33712

Country
 USA

Zip
 33731

Country
 USA

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

LAMBRECHT, MARGARET P
 6220 MANATEE AVE W. STE. 404
 BRADENTON FL 34209

Name
 LAMBRECHT, Margaret P

Street Address (P.O. Box Number is Not Acceptable)
 1720 Manatee Ave W.

City
 BRADENTON FL Zip Code
 34205

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 *Margaret P. Lambrecht* Margaret P. Lambrecht

4-27-00

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, 2000 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 PD
 STREET ADDRESS LAMBRECHT, KEVIN
 CITY-ST-ZIP 405 CENTRAL AVE STE. 201
 ST PETERSBURG FL 33701 ☐ Delete

TITLE
 NAME P, D, S, T
 STREET ADDRESS Lambrecht, Kevin ☒ Change ☐ Addition
 CITY-ST-ZIP 4900 Alcazar Way S
 St Petersburg FL 33712

TITLE
 NAME VD
 STREET ADDRESS LAMBRECHT, MARGARET P
 CITY-ST-ZIP 405 CENTRAL AVE STE. 201
 ST. PETERSBURG FL 33701 ☒ Delete

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

TITLE
 NAME STD
 STREET ADDRESS JOHNSON, ELIZABETH
 CITY-ST-ZIP 405 CENTRAL AVE STE 201
 ST PETERSBURG FL 33701 ☒ Delete

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

TITLE
 NAME D
 STREET ADDRESS FLYNN, ROBERT A
 CITY-ST-ZIP 405 CENTRAL AVE STE 201
 ST. PETERSBURG FL 33701 ☐ Delete

TITLE
 NAME D
 STREET ADDRESS FLUM, Robert A. ☒ Change ☐ Addition
 CITY-ST-ZIP 4900 Alcazar Way S
 St Petersburg FL 33712

TITLE
 NAME D
 STREET ADDRESS LAMBRECHT, RANDALL
 CITY-ST-ZIP 405 CENTRAL AVE STE. 201
 ST. PETERSBURG FL 33701 ☐ Delete

TITLE
 NAME D
 STREET ADDRESS Lambrecht, Randall ☒ Change ☐ Addition
 CITY-ST-ZIP 4900 Alcazar Way S
 St Petersburg FL 33712

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 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

4/27/00

Date

727-826-3585

Daytime Phone #

CR2E034 (9/99)