2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029350

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

05-03-2000 90108 005 ***150.00

1. Entity Name

CLEARCUT SOLUTIONS, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4900 Alcazar Way S Suite, Apt. #, etc.	P.O. Box 326 Suite, Apt. #, etc.
City & State: St Petersburg FL	City & State: St Petersburg FL
Zip: 33712 Country: USA	Zip: 33731 Country: USA

4. FEI Number 59-3508510 — Applied For / Not Applicable

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 — 4-27-00

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, 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	PD ☐ Delete	TITLE	P, D, S, T ☒ Change ☐ Addition
NAME	LAMBRECHT, KEVIN	NAME	Lambrecht, Kevin
STREET ADDRESS	405 CENTRAL AVE STE. 201	STREET ADDRESS	4900 Alcazar Way S
CITY-ST-ZIP	ST PETERSBURG FL 33701	CITY-ST-ZIP	St Petersburg FL 33712
TITLE	VD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LAMBRECHT, MARGARET P	NAME	
STREET ADDRESS	405 CENTRAL AVE STE. 201	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	
TITLE	STD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ELIZABETH	NAME	
STREET ADDRESS	405 CENTRAL AVE STE 201	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	FLYNN, ROBERT A	NAME	FLUM, Robert A.
STREET ADDRESS	405 CENTRAL AVE STE 201	STREET ADDRESS	4900 Alcazar Way S
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	St Petersburg FL 33712
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	LAMBRECHT, RANDALL	NAME	Lambrecht, Randall
STREET ADDRESS	405 CENTRAL AVE STE. 201	STREET ADDRESS	4900 Alcazar Way S
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	St Petersburg FL 3371
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 4/27/00 — 727-826-3585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)