

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029350

1. Entity Name
CLEARCUT SOLUTIONS, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90018 026 ***550.00

Principal Place of Business
4900 ALCAZAR WAY S
SAINT PETERSBURG FL 33712
US

Mailing Address
PO BOX 326
ST PETERSBURG FL 33731
US

2. Principal Place of Business
1720 Manatee Ave W
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Bradenton FL

City & State

Zip
34205

Country
USA

Zip



DO NOT WRITE IN THIS SPACE

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
1720 MANATEE AVE W
BRADENTON FL 34205

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. (NOT 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!
After MAY 1, 2001 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	PDST	<input type="checkbox"/> Delete
NAME	LAMBRECHT, KEVIN	
STREET ADDRESS	4900 ALCAZAR WAY S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLUM, ROBERT A	
STREET ADDRESS	4900 ALCAZAR WAY S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMBRECHT, RANDALL	
STREET ADDRESS	4900 ALCAZAR WAY S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D,VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Lambrecht	
STREET ADDRESS	4900 Alcazar Way S	
CITY-ST-ZIP	St. Petersburg FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

Kevin Lambrecht President 5/26/01 727-826-3585

Date

Daytime Phone #

CR2E034 (10/00)