

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91291 003 ***150.00

DOCUMENT # **P98000043075**

1. Entity Name
SHUR-CUT LAWN-LANDSCAPING INC.



DO NOT WRITE IN THIS SPACE

11020040

2. Principal Place of Business
9597 OREGON RD

3. Mailing Address
9597 OREGON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number
65-0833470

Applied For
Not Applicable

Zip
33434

Country

Zip
33434

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ROBERT MUELLER

Street Address (P.O. Box Number is Not Acceptable)

9597 OREGON RD

City
BOCA RATON

FL

Zip Code
33434

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROBERT MUELLER
9597 OREGON RD.
BOCA RATON, FL 33434**

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE ☒ **Robert Mueller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

561-487-4789

Daytime Phone #

CR2E034B (12/02)