

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90163 034 \*\*\*150.00

**DOCUMENT # P98000068858**

1. Entity Name  
**CLEAN CUT LAWN & LANDSCAPING SERVICE OF NORTH FL**

Principal Place of Business <b>8327 CROSSWIND ROAD                  JACKSONVILLE FL 32256</b>	Mailing Address <b>8327 CROSSWIND ROAD                  JACKSONVILLE FL 32256</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8678 BISHOPSWOOD DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>8678 BISHOPSWOOD DR</b> Suite, Apt. #, etc.
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City & State <b>JACKSONVILLE, FL 32244</b>	City & State <b>JACKSONVILLE, FL 32244</b>
Zip <b>32244</b>	Country <b>Duval</b>
Zip <b>32244</b>	Country <b>Duval</b>

4. FEI Number <b>59-3554536</b>	Applied For <input type="checkbox"/> Not Applicable
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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**

**BARTZ, J.M.**  
**8327 CROSSWIND ROAD**  
**JACKSONVILLE FL 32256**

Name
Street Address (P.O. Box Number is Not Acceptable) <b>8678 Bishopswood Dr</b>
City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32244</b>

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 \_\_\_\_\_ (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARTZ, J.M.</b> <b>8327 CROSSWIND ROAD</b> <b>JACKSONVILLE FL 32256</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>8678 BISHOPWOOD DR</b> <b>JACKSONVILLE, FL 32244</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**J.M. BARTZ, PRESIDENT**

SIGNATURE: \_\_\_\_\_ (904) 237-0952 CELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)