

# 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

**8327 CROSSWIND ROAD  
 JACKSONVILLE FL 32256**

Mailing Address

**8327 CROSSWIND ROAD  
 JACKSONVILLE FL 32256**

2. Principal Place of Business

**8678 BISHOPSWOOD DR**

Suite, Apt. #, etc.

3. Mailing Address

**8678 BISHOPSWOOD DR**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL 32244**

City & State

**JACKSONVILLE, FL 32244**

Zip

**32244**

Country

**Duval**

Zip

**32244**

Country

**Duval**

4. FEI Number

**59-3554536**

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

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

Name

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

**8678 Bishopswood Dr**

City

**Jacksonville**

**FL**

Zip Code

**32244**

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.

(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 **P** ☐ Delete  
 NAME **BARTZ, J.M.**  
 STREET ADDRESS **8327 CROSSWIND ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition  
 NAME **8678 BISHOPWOOD DR**  
 STREET ADDRESS **JACKSONVILLE, FL 32244**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(904) 237-0952 CELL**

Date

Daytime Phone #

CR2E034 (10/00)