2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080152

1. Entity Name
CLASSY CUTS LAWN CARE, INC.

FILED
00 AUG -4 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10416 Orange Blossom Ln. Seminole, Fl. 33772	10416 Orange Blossom Ln Seminole, Fl. 33772

05/24/00 90093 018 $150.00

2. Principal Place of Business		3. Mailing Address	
6825 10 Avenue N		6825 10th Avenue N.	
Suite, Apt # etc		Suite, Apt #, etc	
City & State: St.Petersburg, Fl.		City & State: St.Petersburg, Fl.	
Zip: 33710	Country: US	Zip: 33710	Country: US

4. FEI Number: 59-3537454 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Monroe, Roy F.
~~10416 Orange Blossom Ln~~
Seminole, Fl. 33772

7. Name and Address of New Registered Agent

Name: Monroe, Roy F.
Street Address (P.O. Box Number is Not Acceptable): 6825 10th Avenue N.
City: St.Petersburg FL Zip Code: 33710

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, 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	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	Roy F. Monroe		NAME	Roy F. Monroe	
STREET ADDRESS	10416 Orange Blossom Ln		STREET ADDRESS	6825 10th Avenue N.	
CITY-ST-ZIP	Seminole, Fl. 33772		CITY-ST-ZIP	St.Petersburg, Fl. 33710	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: [signature] Roy F. Monroe, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #