

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90064 041 \*\*\*170.00

DOCUMENT # P98000080152

1. Entity Name

Classy cuts lawn care, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Bel-Aire

3. Mailing Address

PO BOX 20011

Suite, Apt. #, etc.

B 22 Apt. 105

Suite, Apt. #, etc.

City & State

St. Pete, FL

City & State

ST PETERSBURG FL

Zip

33742

Country

Pinellas

Zip

33742

Country

4. FEI Number

59-353-7454

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Roy Monroe

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

PO Box 20011 1200 - 102nd Ave N

APT B22 - 105

City

ST PETE

FL

Zip Code

33742

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

Roy T. Monroe

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-6-03

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  
RE. Roy Monroe  
1200 102nd Ave. N. St. Pete FL  
33742 (PRESIDENT)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Roy T. Monroe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-6-03 727-743-6071

CR2E034B (12/02)

Attachment

80128040

P98000080152

**TO:**

AU

**\*\*AUTO**

TS 0 1201 33710-614925

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P98000080152

CLASSY CUTS. LAWN CARE, INC.

~~6025 10 AVENUE NORTH~~

~~ST. PETERSBURG FL 33710-6149~~

P.O. Box 20011-0011

St. Pete. Fl. 33742

Ph. 727-743-6071