

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

Jul 05, 2000 8:00 am
Secretary of State

06-02-2000 90017 022 ***150.00

DOCUMENT # 099000020006

1. Entity Name
A CLASSY CUT PROPERTY MAINTENANCE SERVICE, INC.

Principal Place of Business 5264 PALM WAY
LAKE WORTH FL 33463

Mailing Address - SAME -

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Palm BEACH Zip Country

4. FEI Number 65 090 5212 **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
Name A. JOSEPH NILL
Street Address (P.O. Box Number is Not Acceptable)
5264 PALM WAY
City LAKE WORTH **FL** **Zip Code** 33463

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 A. JOSEPH NILL - PRESIDENT **DATE** 05-17-2000

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PSTD	A. JOSEPH NILL	5264 PALM WAY	LAKE WORTH FL 33463		

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: A. JOSEPH NILL **DATE** 05-17-2000 **Daytime Phone #** (561) 357-0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)