

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT # P99000020806

1. Entity Name

A CLASSY OUT PROPERTY MAINTENANCE  
SERVICE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5161 PALM Way

Suite, Apt. #, etc.

3. Mailing Address

5161 Palm Way

Suite, Apt. #, etc.

3/8/01 90135 036 150.00  
DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-0905212

Applied For

Not Applicable

Zip

33463

Country

Zip

33463

Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

A. Joseph NILL

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

5161 PALM Way

City

LAKE WORTH

FL

Zip Code

33463

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

President - PSTO  
A. Joseph Nill  
5161 Palm Way  
LAKE WORTH FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

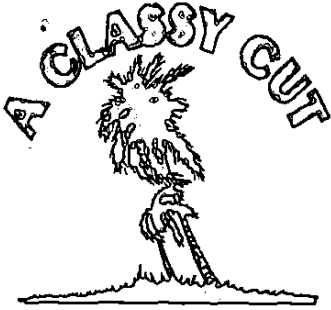
3/4/02 561-585-2629

DESS

Daytime Phone #

6R2E034B (12/01)

AD



5161 PALMWAY  
LAKE WORTH, FL 33463  
(561) 585-2629  
(561) 357-7926 FAX

March 4, 2002

Reference: P99000020806 UBR for 2001 and 2002

Uniform Business Report  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/ Madam:

Per my conversation with your office last week, I was instructed to write a letter explaining our situation. Enclosed is our Uniform Business Report for 2002 and check for \$150.00 for the 2002 filing for # P99000020806 A Classy Cut Property Maintenance Service, Inc. As well, as copies of last years filing. According to your record's we did not file for 2001. Please see attached copies of our canceled check for \$150.00 dated March 2, 2001 along with copies of the original form submitted and a letter received from your office requesting additional information, all of which were submitted timely. We assumed everything was in order after submitting the corrected form, as we did not receive any additional information or action from your office. We were not aware of our inactive status until the Department of Labor and Employment Security notified us just recently when applying for workers comp exemption.

Please call me at 561-585-2629, if you require any additional information to rectify this situation.

Thank you in advance for your immediate attention to this matter.

Sincerely,

A. Joseph Nill  
President  
A Classy Cut Property Maintenance Service, Inc.