

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038175

1. Entity Name

CUT ABOVE LAWN CARE, INC.

Principal Place of Business

3101 ELDERWOOD PLACE  
SEFFNER FL 33584

Mailing Address

3101 ELDERWOOD PLACE  
SEFFNER FL 33584

2. Principal Place of Business

11110 STAFFORD LANE

3. Mailing Address

11110 STAFFORD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW FL

City & State

RIVERVIEW FL

4. FEI Number

59-3578890

Applied For

Not Applicable

Zip

33569

Country

HILLSBOROUGH

Zip

33569

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, JOEL E  
3101 ELDERWOOD PLACE  
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name TOM FARRELL

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

11110 STAFFORD LANE

City

RIVERVIEW

FL

Zip Code

33569

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

*Thomas A. Farrell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/31/01

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

TITLE D ☒ Delete  
NAME KELLEY, JOEL E  
STREET ADDRESS 3101 ELDERWOOD PLACE  
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ Delete  
NAME FARRELL, TOM  
STREET ADDRESS 3101 ELDERWOOD PLACE  
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11110 STAFFORD LANE  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Thomas A. Farrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/01

Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90308 026 \*\*\*150.00

640374



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)