

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90164 040 \*\*\*150.00

00150311



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000073932**

1. Entity Name  
**THE CUT ABOVE GROUP, INC.**

Principal Place of Business  
**4360 SHERWOOD FOREST DRIVE  
 DELRAY BEACH FL 33445**

Mailing Address  
**4360 SHERWOOD FOREST DRIVE  
 DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0948791**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**EVANS, FRANCINE A  
 4360 SHERWOOD FOREST DRIVE  
 DELRAY BEACH FL 33445**

Name

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

City

**FL**

Zip Code

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**D  
 EVANS, FRANCINE A  
 4360 SHERWOOD FOREST DRIVE  
 DELRAY BEACH FL 33445**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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 REQUIRED**

**Francine A.**

**Evans 7-16-02**

Date

Daytime Phone #

CR2E034 (4/02)

B0130911

A. GEORGE ALLOCCA, JR.  
CERTIFIED PUBLIC ACCOUNTANT  
P. O. BOX 8323  
CORAL SPRINGS, FL 33075  
(954)752-7275

*Attachments*

July 16, 2002

Department Of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: The Cut Above Group, Inc.  
Doc # P99000073932

Gentlemen:

Enclosed is the 2002 Uniform Business Report for the above referenced Corporation, together with a check in the amount of \$150.00 in payment of the filing fee.

Please note that Mrs. Francine Evans is the sole stockholder, director, and officer of this corporation, and as a result, has full responsibility for the various necessary filing requirements. During the period of time that the Uniform Business Report was due, her elderly mother had to have surgery, which resulted in other health complications. Because of this situation, Mrs. Evans had to care for her mother during her recovery. The responsibilities of her job, this business and her mother put a tremendous amount of stress on Mrs. Evans and, as a result, she erroneously neglected to file her Uniform Business Report on a timely basis.

Due to the extenuating circumstances, we respectfully request that the late filing penalties be waived in this case. Thank you for your understanding in this matter.

Sincerely yours,

*A. George Allocca, Jr. CPA*

A. George Allocca, Jr.  
Certified Public Accountant

AGA/ms