

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77471

1. Entity Name

A CUT ABOVE PROPERTY MAINTENANCE, INC.

Principal Place of Business

5130 SW 101 AVE
COOPER CITY FL 33328
US

Mailing Address

5130 SW 101 AVE
COOPER CITY FL 33328
US

2. Principal Place of Business

1775 SW 110 Terr.

3. Mailing Address

1775 SW 110 Terr.

Suite, Apt. #, etc.

Davie

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

Zip

33324

Country

Broward

Zip

33324

Country

Broward

6. Name and Address of Current Registered Agent

BOSTWICK, DEAN C.
5130 SW 101 AVE
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name

Dean Bostwick

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

1775 SW 110 Terr.

City

Davie

FL

Zip Code

33324

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

Dean Bostwick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BOSTWICK, DEAN C
5130 SW 101 AVENUE
COOPER CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bostwick Dean C
1775 SW 110 Terr.
Davie FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BOSTWICK, DEAN C
5130 SW 101 AVENUE
COOPER CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Same as Above ☒ 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:

Dean C. Bostwick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01

Date

9542583347

Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91098 035 ***150.00

00047697



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)