

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055884

1. Entity Name

BARNEY'S LAWN SERVICE, INC.

Principal Place of Business

3872 STABILE RD
ST JAMES CITY FL 33956

Mailing Address

P.O. BOX 631
ST JAMES CITY FL 33956

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0682592

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

SCHMIEDEKE, ARNOLD E
3872 STABILE RD
ST JAMES CITY FL 33956

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.

SIGNATURE

Arnold E. Schmiedeke

(NOTE: Registered Agent signature required when reinstating)

4/2/01

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	D	<input type="checkbox"/> Delete
NAME	SCHMIEDEKE, ARNOLD E	
STREET ADDRESS	3872 STABILE RD	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIEDEKE, ARGIE	
STREET ADDRESS	3872 STABILE RD	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Arnold E. Schmiedeke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold E. Schmiedeke 4/2/01 941-283-8439

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90083 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)