

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076274

1. Entity Name

BARRY'S LAWN CARE INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90217 011 ***150.00

Principal Place of Business

Mailing Address

105 24TH ST. NORTH EAST
BRADENTON FL 34208

105 24TH ST. NORTH EAST
BRADENTON FL 34208-1338

2. Principal Place of Business

112 15th Street East

3. Mailing Address

112 15th Street East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

4. FEI Number

65-0862934

Applied For

Not Applicable

Zip

34208

Country

Manatee

Zip

34208

Country

Manatee

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

MILLER, DAWN A
2114 CORTEZ RD. WEST
BRADENTON FL 34207

Name

Dawn A. Miller

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

1591 19th Street Court East

City

Bradenton

FL

Zip Code

34208

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

Dawn A. Miller

2-18-2000

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 \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME PSTD
STREET ADDRESS WILT, BARRY E
CITY-ST-ZIP 105 24TH ST N EAST
BRADENTON FL 34208

TITLE ☐ Change ☐ Addition
NAME PSTD
STREET ADDRESS WILT, BARRY E.
CITY-ST-ZIP 112 15th St. East
Bradenton, FL. 34208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(f), 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:

Barry E. Wilt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

749-6336

CR2E034 (9/99)