

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 90030 013 ***150.00

DOCUMENT # V65057

1. Entity Name
J.M. BARNEY CONSTRUCTION COMPANY

Principal Place of Business

**2565 LAGOON CT
 VERO BEACH FL 32963
 US**

Mailing Address

**PO BOX 2463
 VERO BEACH FL 32961
 US**

925789

2. Principal Place of Business

2565 LAGOON CT
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2463
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
VERO BEACH, FL.

Zip
32963

Country
INDIAN RIVER

City & State
VERO BEACH, FL

Zip
32961

Country
INDIAN RIVER

4. FEI Number **65-0359316**

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

**HENDERSON, STEVE L.
 817 BEACHLAND
 VERO BEACH FL 32963**

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

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, 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** ☐ Delete
 NAME **BARNEY, JUAN M.**
 STREET ADDRESS **817 BEACHLAND**
 CITY-ST-ZIP **VERO BEACH FL**

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

TITLE **D** ☐ Delete
 NAME **BARNEY, STEPHANIE L.**
 STREET ADDRESS **817 BEACHLAND**
 CITY-ST-ZIP **VERO BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

JUAN M. BARNEY

2/23/01

561-5894044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)