

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90122 024 ***550.00

005631
 AV

DOCUMENT # F35666

1. Entity Name
RUTH L. TRETTIS, P.A.

Principal Place of Business
380 BROAD AVE S.
NAPLES FL 34102
US

Mailing Address
380 BROAD AVE S.
NAPLES FL 34102
US

2. Principal Place of Business
390 Broad Ave S.
 Suite, Apt. #, etc.

3. Mailing Address
390 Broad Ave. S.
 Suite, Apt. #, etc.

City & State
Naples, FL.

City & State
Naples, FL.

4. FEI Number
59-2111231

Applied For
 Not Applicable

Zip
34102

Country
Collier

Zip
34102

Country
Collier

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TRETTIS, RUTH L
550 FIFTH AVE S
NAPLES FL

7. Name and Address of New Registered Agent

Name
Trettis Ruth L.
 Street Address (P.O. Box Number is Not Acceptable)
390 Broad Ave. S.
Naples
 City **FL** Zip Code **34102**

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 **Ruth L. Trettis P.A.**

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

(NOTE: Registered Agent signature required when reinstating)

7/9/01
 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 12, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS TRETTIS, RUTH L 550 5TH AVE SO NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: **Ruth L. Trettis**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/01
 Date

941-434-2424
 Daytime Phone #

CR2E034 (5/01)