

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71698

1. Entity Name

TREE BARBER, INC.

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90218 009 \*\*\*158.75

08-08-2001 90009 030 \*\*\*391.25

Principal Place of Business  
 46 N. WASHINGTON BLVD.  
 SUITE 25B STREET  
 SARASOTA FL 34236

Mailing Address  
 46 N. WASHINGTON BLVD.  
 SUITE 25B STREET  
 SARASOTA FL 34236

2. Principal Place of Business  
 12008 Slough Rim Road  
 Suite, Apt. #, etc.

3. Mailing Address  
 12008 Slough Rim Road  
 Suite, Apt. #, etc.

City & State  
 Sarasota, Florida

City & State  
 Sarasota, Florida

4. FEI Number NOT APPLICABLE  
 Applied For  
 Not Applicable

Zip  
 34240

Country  
 Sarasota

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

6. Name and Address of Current Registered Agent

HILLEBRAND, H. STEPHEN  
 46 N. WASHINGTON BLVD.  
 SUITE 25B  
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name  
 Zane B. Cartwright.  
 Street Address (P.O. Box Number is Not Acceptable)  
 12008 Slough Rim Road  
 City  
 Sarasota FL Zip Code  
 34240

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 Zane B. Cartwright Zane B. Cartwright, President 6/26/01  
(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                      | PT                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARTWRIGHT, ZANE B.  |                                 | NAME  |  |   |
| STREET ADDRESS             | 12008 SLOUGH RIM RD  |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | SARASOTA FL          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | VS                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARTWRIGHT, MARY F.  |                                 | NAME  |  |   |
| STREET ADDRESS             | 12008 SLOUGH RIM RD. |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | SARASOTA FL          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | 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: Zane B. Cartwright 6/26/01 (941) 371-5829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)