

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90377 046 ***150.00

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AV

DOCUMENT # K71698

1. Entity Name

TREE BARBER, INC.



Principal Place of Business

**12008 SLOUGH RIM ROAD
SARASOTA FL 34240**

Mailing Address

**12008 SLOUGH RIM ROAD
SARASOTA FL 34240**

2. Principal Place of Business

1011 Marlen Lakes Circle

3. Mailing Address

1011 Marlen Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34232

Country

Zip

34232

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CARTWRIGHT, ZANE B

12008 SLOUGH RIM ROAD

SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

Cartwright, Zane B.

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

1011 Marlen Lakes Circle

City

Sarasota, FL

FL

Zip Code
34232

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **CARTWRIGHT, ZANE B.**
STREET ADDRESS **12008 SLOUGH RIM RD**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **VS** ☐ Delete
NAME **CARTWRIGHT, MARY F.**
STREET ADDRESS **12008 SLOUGH RIM RD.**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
NAME **Cartwright, Zane B.**
STREET ADDRESS **1011 Marlen Lakes Circle**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **VS** ☒ Change ☐ Addition
NAME **Cartwright, Mary F.**
STREET ADDRESS **1011 Marlen Lakes Circle**
CITY-ST-ZIP **Sarasota, FL 34232**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May-1-03

371-5829

Date

Daytime Phone #

CR2E034 (10/02)