

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90941 016 \*\*\*158.75

**DOCUMENT #** P0000000 6320

1. Entity Name

GARRETSON FINANCIAL SERVICES, INC. 

Principal Place of Business

Mailing Address

19626 U.S. HIGHWAY ONE  
 TEQUESTA, FL, 33469

19626 U.S. HIGHWAY ONE  
 TEQUESTA, FL, 33469

2. Principal Place of Business

3. Mailing Address

1110 S.W. BLUE STEM WAY  
 Suite, Apt. #, etc.

1110 S.W. BLUE STEM WAY  
 Suite, Apt. #, etc.

City & State  
 STUART, FL

City & State  
 STUART, FL

4. FEI Number

65-0375755

Applied For

Not Applicable

Zip  
 34997

Country  
 US

Zip  
 34997

Country  
 US

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

GARRETSON TIM  
 18223 LAKEBEND DRIVE  
 JUPITER, FL, 34997

Name

GARRETSON TIM

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

1110 S.W. BLUE STEM WAY

City

STUART

FL

Zip Code  
 34997

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  TIM GARRETSON

8/7/01

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 \$350.00

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 PRES, SEC, TREAS  
 NAME THOMAS M GARRETSON  
 STREET ADDRESS 1110 S.W. BLUE STEM WAY  
 CITY-ST-ZIP STUART, FL, 34997

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

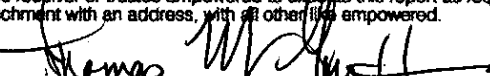
TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ 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)(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:

 THOMAS M GARRETSON

8/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

561-781-1654

CR2E034 (11/00)

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** P00000006320-77485

1. Entity Name

GARRETTSON FINANCIAL SERVICES, INC.

Principal Place of Business

19626 U.S. HIGHWAY ONE  
TEQUESTA FL 33469

Mailing Address

19626 U.S. HIGHWAY ONE  
TEQUESTA FL 33469

2. Principal Place of Business

1110 SW BLUE STEM WAY  
Suite, Apt. #, etc.

3. Mailing Address

1110 SW BLUE STEM WAY  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

STUART, FL

City &amp; State

STUART, FL

4. FEJ Number

65-0375755

Applied For

Not Applicable

Zip  
34997Country  
USZip  
34997Country  
US

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARRETTSON, TIM  
18223 LAKEBEND DRIVE  
JUPITER FL 33458

7. Name and Address of New Registered Agent

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

 TIM GARRETTSON

7/25/01

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)

X

**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  
Thomas M Garrettson  
1110 S.W. BLUE STEM WAY  
STUART, FL, 34997☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/01

Date

561-692-5842

Daytime Phone #

CR2E034 (5/01)

Attachment Doc#



000000006320  
77485

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

August 2, 2001

GARRETTSON FINANCIAL SERVICES, INC.  
1110 SW BLUE STEM WAY  
STUART, FL 34997 US

Subject: GARRETTSON FINANCIAL SERVICES, INC.

Reference Number: P00000006320

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs

ANNUAL REPORTS SECTION