

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0536213 AV

DOCUMENT # P02000057443

1. Entity Name  
BARBARA JEAN TRETHEWAY, P.A.



FILED

03 JUL 17 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3983 STONESTHROW CT  
NAPLES FL 34109

Mailing Address  
P.O. BOX 110880  
NAPLES FL 34108



2. Principal Place of Business  
241 PERKINS DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NAPLES, FL

City & State

4. FEI Number  
04-3670402

Applied For  
Not Applicable

Zip  
34119

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TRETHEWAY, BARB  
3983 STONESTHROW CT  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name  
BARB TRETHEWAY  
Street Address (P.O. Box Number is Not Acceptable)  
241 PERKINS DR.  
City  
NAPLES FL Zip Code  
34119

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 Barbara Jean Tretheway P.A. Barbara Jean Tretheway, P.A., President 5/29/03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Jean Tretheway P.A. 5/29/03 239-594-1920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)