

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

036706 AV

DOCUMENT # P02000057461

1. Entity Name
TRETHEWAY ASSOCIATES / ARCHITECTS, P.A.



FILED

03 JUL 17 PM 3:27

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.

☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FL

City & State

4. FEI Number
03-0447228

Applied For
Not Applicable

Zip
34119

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

TRETHEWAY, BARRY J
3983 STONESTHROW CT
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name
BARRY J. 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 *Barry J. Tretheway*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

6/29/03
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 PS
NAME TRETHEWAY, BARRY J
STREET ADDRESS 3983 STONESTHROW CT
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE VT
NAME TRETHEWAY, BARBARA J
STREET ADDRESS 3983 STONESTHROW CT
CITY-ST-ZIP NAPLES FL 34109 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S
NAME BARRY J. TRETHEWAY
STREET ADDRESS 241 PERKINS DR.
CITY-ST-ZIP NAPLES, FL 34119 ☒ Change ☐ Addition

TITLE V/T
NAME BARBARA J. TRETHEWAY
STREET ADDRESS 241 PERKINS DR.
CITY-ST-ZIP NAPLES, FL 34119 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800021624798
07/17/03--01052--005 **400.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800021624798
07/17/03--01052--006 **150.00

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

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

Date

Daytime Phone #

6-29-03 594-1920

CR2E034 (10/02)