

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063376

1. Entity Name
BARBARA MATHEWS TRESCOTT, P.A.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90055 001 ***150.00

Principal Place of Business
12995 SOUTH CLEVELAND AVE., ~~SUITE 218~~
STE 242
FT. MYERS FL 33907
US

Mailing Address
12995 SOUTH CLEVELAND AVE., ~~SUITE 218~~
STE 242
FT. MYERS FL 33907
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
12995 South Cleveland Ave
Suite, Apt. #, etc.
Suite 242
City & State
Fort Myers FL
Zip Country
33907 LEE

4. FEI Number 65-0611225
Applied For
Not Applicable

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

MATHEWS TRESCOTT, BARBARA
12995 SOUTH CLEVELAND AVE., ~~SUITE 218~~
STE 242
FT. MYERS FL 33907

Name BARBARA MATHEWS TRESCOTT
Street Address (P.O. Box Number is Not Acceptable)
12995 South Cleveland Ave. Suite 242
Suite 242
City, State, Zip Code
FORT MYERS FL 33907

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 *Barbara Mathews Trescott* (Address x Suite 242) *Barbara Mathews Trescott* 3/22/01
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

TITLE D
NAME MATHEWS TRESCOTT, BARBARA
STREET ADDRESS 12995 S CLEVELAND AVE, STE 242
CITY-ST-ZIP FT. MYERS FL 33907 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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)(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: *Barbara Mathews Trescott* 3/22/01 (941) 936 5652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)