

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001914

**Entity Name:** SENT BY HIM, INC.

**Current Principal Place of Business:**

95 DOUBLOON DRIVE  
CAPE HAZE, FL 33946

**Current Mailing Address:**

95 DOUBLOON DRIVE  
CAPE HAZE, FL 33946

**FEI Number:** 47-3320195

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TAX SAVERS  
1300 ENTERPRISE DR., STE.A  
PORT CHARLOTTE, FL 33953 US

*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:** BETH WILSON

04/12/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name WILSON, BETH A  
Address 1300 ENTERPRISE DR., STE.A  
City-State-Zip: PORT CHARLOTTE FL 33953

Title D  
Name POKORNY, MAX  
Address 95 DOUBLOON DRIVE  
City-State-Zip: CAPE HAZE FL 33946

Title D  
Name VERMETTE, BRUCE  
Address 1300 ENTERPRISE DR., STE.A  
City-State-Zip: PORT CHARLOTTE FL 33953

Title D  
Name CORBETT, BARRY  
Address 1300 ENTERPRISE DR., STE.A  
City-State-Zip: PORT CHARLOTTE FL 33953

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAX M POKORNY

D

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date