## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27504

**Entity Name: PENSACOLA POB INCORPORATED** 

**Current Principal Place of Business:** 

1717 NORTH E ST SUITE 320

PENSACOLA, FL 32501

## **Current Mailing Address:**

1717 NORTH E STREET SUITE 320, ATTN: ELIZABETH CALLAHAN PENSACOLA, FL 32501 US

FEI Number: 59-2462399 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH 1717 NORTH E ST STE 320 PENSACOLA, FL 32501 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:

Electronic Signature of Registered Agent

Date

**FILED** Mar 12, 2020

**Secretary of State** 

9551851338CC

Officer/Director Detail:

Title Title **SECRETARY** 

Name PORTER, JOHN Name CALLAHAN, ELIZABETH

1717 NORTH E ST STE 320 1717 NORTH E ST Address Address

SUITE 320 City-State-Zip: PENSACOLA FL 32501

City-State-Zip: PENSACOLA FL 32501

Title

Title **OTHER** GLEASON, MIKE Name Name

MULLINS, JAN 1717 NORTH E ST Address

Address 1717 NORTH E ST SUITE 320

SUITE 320 PENSACOLA FL 32501

City-State-Zip: City-State-Zip: PENSACOLA FL 32501

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/12/2020 SIGNATURE: JAN MULLINS EXEC. ASST.