

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19469

Entity Name: SMITH BIGMAN BROCK, P.A.**Current Principal Place of Business:**444 SEABREEZE BLVD SUITE 900
DAYTONA BEACH, FL 32118**Current Mailing Address:**P.O. BOX 15200
DAYTONA BEACH, FL 32115 US**FEI Number:** 59-2880513**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEABREEZE CORPORATE SERVICES, LLC
444 SEABREEZE BLVD
STE 900
DAYTONA BEACH, FL 32118 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**Officer/Director Detail :**

Title DIRECTOR, VP, SECRETARY
Name SMITH, HORACE JR.
Address 444 SEABREEZE BLVD STE 900
City-State-Zip: DAYTONA BCH. FL 32118

Title DIRECTOR, PRESIDENT
Name BROCK, JEFFREY P
Address 444 SEABREEZE BLVD., SUITE 900
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR, VP, TREASURER
Name BIGMAN, JEFFREY E
Address 444 SEABREEZE BLVD SUITE 900
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR, VP
Name METZ, SARAH L
Address 444 SEABREEZE BLVD SUITE 900
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR, VP
Name GANZ, FRANK S
Address 444 SEABREEZE BLVD SUITE 900
City-State-Zip: DAYTONA BEACH FL 32118

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.

SIGNATURE: JEFFREY P. BROCK

PRESIDENT

02/04/2020

Electronic Signature of Signing Officer/Director Detail_____
Date