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: MARY L SFERRE

Electronic Signature of Signing Officer/Director Detail

17 PACIFIC ST #B SAINT AUGUSTINE, FL 32084

**Current Principal Place of Business:** 

# **Current Mailing Address:**

DOCUMENT# L91316

17 PACIFIC ST #B SAINT AUGUSTINE. FL 32084

## FEI Number: 59-3024308

### Name and Address of Current Registered Agent:

SFERRE, MARY L. 17 PACIFIC ST #B SAINT AUGUSTINE, FL 32084 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

## **Officer/Director Detail :**

Title	PST	Title	VD
Name	SFERRE, MARY L.	Name	SFERRE, MARY L.
Address	17 PACIFIC ST B	Address	17 PACIFIC ST B
City-State-Zip:	SAINT AUGUSTINE FL 32084	City-State-Zip:	SAINT AUGUSTINE FL 32084

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: GROWTH POINTE-MARY L. SFERRE, P.A.

### FILED Apr 05, 2017 Secretary of State CC7984782659

Date

Certificate of Status Desired: No

PRESIDENT

04/05/2017

Date