

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000074702

**Entity Name:** ROBERT N. NEWMAN, CPA, PA

**Current Principal Place of Business:**

16856 90TH STREET NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

P.O BOX 222218  
WPB, FL 33422 US

**FEI Number:** 65-1032442

**Certificate of Status Desired:** No

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

NEWMAN, ROBERT N  
16856 90TH STREET NORTH  
LLOXAHATCHEE, FL 33470 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            OFFICER  
Name            NEWMAN, ROBERT N  
Address        16856 90TH ST NORTH  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** ROBERT N. NEWMAN

**PRESIDENT**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date