

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055698

Entity Name: SHARON CASLOW, CPA, P.A.

Current Principal Place of Business:

165 MONTGOMERY RD
SUITE 1000
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

165 MONTGOMERY RD
SUITE 1000
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3728542

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASLOW, SHARON CPA
1067 BLACK ACRE TRAIL
WINTER SPRINGS, FL 32708 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 PSTD
Name CASLOW, SHARON
Address 1067 BLACK ACRE TRAIL
City-State-Zip: WINTER SPRINGS FL 32708

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: SHARON CASLOW

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date