# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064823

Entity Name: DICKER, KRIVOK & STOLOFF, P.A.

## **Current Principal Place of Business:**

1818 AUSTRALIAN AVE SOUTH STE 400 WEST PALM BEACH, FL 33409

## **Current Mailing Address:**

1818 AUSTRALIAN AVE SOUTH STE 400 WEST PALM BEACH, FL 33409

# FEI Number: 65-1119158

## Name and Address of Current Registered Agent:

DICKER, EDWARD 1818 AUSTRALIAN AVE SOUTH STE400 WEST PALM BEACH, FL 33409 US Certificate of Status Desired: No

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           | P                                    | Title           | V                                    |
|-----------------|--------------------------------------|-----------------|--------------------------------------|
| Name            | DICKER, EDWARD A                     | Name            | KRIVOK, JAMES N                      |
| Address         | 1818 AUSTRALIAN AVENUE SOUTH<br>#400 | Address         | 1818 AUSTRALIAN AVENUE SOUTH<br>#400 |
| City-State-Zip: | WEST PALM BEACH FL 33409             | City-State-Zip: | WEST PALM BEACH FL 33409             |
| Title           | ST                                   |                 |                                      |
| Name            | STOLOFF, SCOTT A                     |                 |                                      |
| Address         | 1818 AUSTRALIAN AVENUE SOUTH<br>#400 |                 |                                      |
| City-State-Zip: | WEST PALM BEACH FL 33409             |                 |                                      |

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: SCOTT STOLOFF

SECRETARY

01/20/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Jan 20, 2020 Secretary of State 6636758003CC