

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042857

Entity Name: REILLY, FISHER & SOLOMON, P.A.**Current Principal Place of Business:**4950 W KENNEDY BLVD, SUITE 610
TAMPA, FL 33609**Current Mailing Address:**4950 W KENNEDY BLVD, SUITE 610
TAMPA, FL 33609**FEI Number:** 02-0587685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LONCAR, TOMISLAV
REILLY, FISHER & SOLOMON, P.A.
4950 W KENNEDY BLVD, SUITE 610
TAMPA, FL 33609 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:** TOMISLAV LONCAR

01/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name REILLY, MARY ANNE
Address 4950 W KENNEDY BLVD SUITE 610
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name FISHER, CHARLES HJR
Address 4950 W KENNEDY BLVD SUITE 610
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name SOLOMON, MARTIN B
Address 4950 W KENNEDY BLVD SUITE 610
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name BEACHY, ARLIN D
Address 4950 W KENNEDY BLVD SUITE 610
City-State-Zip: TAMPA FL 33609

Title DIRECT
Name LONCAR, TOMISLAV
Address 4950 W KENNEDY BLVD SUITE 610
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name SCIANDRA, MICHELE G
Address 4950 W KENNEDY BLVD, SUITE 610
City-State-Zip: TAMPA FL 33609

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: TOMISLAV LONCAR

DIRECTOR

01/10/2020

Electronic Signature of Signing Officer/Director Detail

Date