

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000134918

**Entity Name:** ROBERT ELLIOTT LOWY, P.A.

**Current Principal Place of Business:**

107 SMUGGLERS COVE CT  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

107 SMUGGLERS COVE CT  
PANAMA CITY BEACH, FL 32413 US

**FEI Number:** 20-3764944

**Certificate of Status Desired:** No

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

LOWY, ROBERT E  
107 SMUGGLERS COVE CT  
PANAMA CITY BEACH, FL 32413 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            PRES  
Name            LOWY, LAURIE R  
Address        107 SMUGGLERS COVE CT  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title            VP  
Name            LOWY, ROBERT E  
Address        107 SMUGGLERS COVE CT  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title            TRES  
Name            LOWY, ROBERT E  
Address        107 SMUGGLERS COVE CT  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title            SEC  
Name            LOWY, LAURIE R  
Address        107 SMUGGLERS COVE CT  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title            DIRECTOR  
Name            LOWY, BETH  
Address        304 BRODERICK PL  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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 LOWY

VP

06/03/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date