2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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:

DOCUMENT# P06000105715

4144 N. ARMENIA AVE.

TAMPA, FL 33607

ILER, CHRISTOPHER A 3602 N GOMEZ AVE TAMPA, FL 33607 US

**Current Mailing Address:** 4144 N. ARMENIA AVE.

FEI Number: 20-5364360

TAMPA, FL 33607

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Entity Name: CHRISTOPHER A. ILER, P.A.

Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	DR	Title	D
Name	ILER, CHRISTOPHER A	Name	ILER, LUCIA I
Address	4144 N. ARMENIA AVE.	Address	4144 N. ARMENIA AVE
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607

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.

DR.

SIGNATURE: CHRISTOPHER A ILER

Electronic Signature of Signing Officer/Director Detail

## Certificate of Status Desired: No

Date