

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000023107

Entity Name: BARRACUDA NSB, INC.**Current Principal Place of Business:**203 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**16528 NORTH DALE MABRY HWY
TAMPA, FL 33618 US**FEI Number:** 45-4758631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDERS, WALTER S
16528 NORTH DALE MABRY HWY
TAMPA, FL 33618 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	P
Name	SCHILSKY, CHAD
Address	203 S. ATLANTIC AVENUE
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	VP
Name	VALENCIA, TAMARA
Address	203 S. ATLANTIC AVENUE
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	VP
Name	CAPUANO, PIETRO
Address	16528 N. DALE MABRY HWY
City-State-Zip:	TAMPA FL 33618

Title	SEC
Name	CAPUANO, VINCENZO
Address	16528 N DALE MABRY HWY
City-State-Zip:	TAMPA FL 33618

Title	DIR
Name	MASON, JAMES
Address	16528 N DALE MABRY HWY
City-State-Zip:	TAMPA FL 33618

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: CHAD SCHILSKY

P

02/12/2016

Electronic Signature of Signing Officer/Director Detail_____
Date