

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000001114

**Entity Name:** BLOOMSBURY & SLOANE INC

**Current Principal Place of Business:**

3009 W. BARCELONA STREET  
SUITE #C  
TAMPA, FL 33629

**Current Mailing Address:**

3009 W. BARCELONA STREET  
SUITE #C  
TAMPA, FL 33629

**FEI Number:** 46-4415461

**Certificate of Status Desired:** Yes

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

LOVINGER, LYNNE  
3009 W. BARCELONA STREET  
SUITE #C  
TAMPA, FL 33629 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            LOVINGER, LYNNE  
Address        4201 W BEACH PARK DRIVE  
City-State-Zip: TAMPA FL 33609

Title            VP  
Name            STETSKY, SHARON  
Address        3009 W. BARCELONA STREET  
                  SUITE #C  
City-State-Zip: TAMPA FL 33629

*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:** SHARON STETSKY

VP

02/23/2015

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

\_\_\_\_\_  
Date