

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000088784

**Entity Name:** KATHLEEN L BETANCOURT, PA

**Current Principal Place of Business:**

15089 SPANISH POINT DR  
PORT CHARLOTTE, FL 33981

**Current Mailing Address:**

15089 SPANISH POINT DR  
PORT CHARLOTTE, FL 33981 US

**FEI Number:** 47-5456560

**Certificate of Status Desired:** No

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

BETANCOURT, KATHLEEN L  
15089 SPANISH POINT DR  
PORT CHARLOTTE, FL 33981 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 BETANCOURT, KATHLEEN L  
Address 15089 SPANISH POINT DR  
City-State-Zip: PORT CHARLOTTE FL 33981

Title AUTHORIZED REPRESENTATIVE -  
NON EMPLOYEE  
Name BETANCOURT, KATHY  
Address 15089 SPANISH POINT DR  
City-State-Zip: PORT CHARLOTTE FL 33981

*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:** KATHLEEN L BETANCOURT

**PRESIDENT**

**01/27/2021**

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

\_\_\_\_\_  
Date