

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000043800

**Entity Name:** 10-BEE, INC.

**Current Principal Place of Business:**

439 NE 33RD STREET  
BOCA RATON, FL 33431

**Current Mailing Address:**

439 NE 33RD STREET  
BOCA RATON, FL 33431

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LAVERGNE, CELESTE  
439 NE 33RD STREET  
BOCA RATON, FL 33431 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 COO  
Name LAVERGNE, JOHN B  
Address 439 NE 33RD STREET  
City-State-Zip: BOCA RATON FL 33431

Title CCO  
Name LAVERGNE, MARYELLEN W  
Address 1233 SE 13TH AVE  
City-State-Zip: DEERFIELD BEACH FL 33441

Title CAO  
Name LAVERGNE, CELESTE C  
Address 439 NE 33RD STREET  
City-State-Zip: BOCA RATON FL 33431

Title CTO  
Name LAVERGNE, JOHN M  
Address 439 NE 33RD STREET  
City-State-Zip: BOCA RATON FL 33431

*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:** CELESTE LAVERGNE

CAO

05/01/2019

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

\_\_\_\_\_  
Date