

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000008108

**Entity Name:** BEE SQUARE TAX CONSULTATION AND SERVICE, INC.

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**7952310177CC**

**Current Principal Place of Business:**

1650 SAND LAKE RD  
SUITE 115  
ORLANDO, FL 32809

**Current Mailing Address:**

1650 SAND LAKE RD  
SUITE 115  
ORLANDO, FL 32809

**FEI Number: 59-3353345**

**Certificate of Status Desired: No**

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

WILLIAMS, REBECCA L  
1650 SAND LAKE RD  
SUITE 115  
ORLANDO, FL 32809 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: REBECCA L WILLIAMS**

**04/28/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, TREASURER  
Name STESEN, RUSSELL S  
Address 1650 SAND LAKE RD STE 115  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name MARTIN, JENNIFER A  
Address 1650 SAND LAKE RD  
STE 115  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name HELTON, CINDY S  
Address 1650 SAND LAKE RD  
STE 115  
City-State-Zip: ORLANDO FL 32809

Title PS  
Name WILLIAMS, REBECCA L  
Address 1650 SAND LAKE RD STE 115  
City-State-Zip: ORLANDO FL 32809

Title CFO  
Name HASKELL, KEITH L  
Address 1650 SAND LAKE RD  
SUITE 115  
City-State-Zip: ORLANDO FL 32809

*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: REBECCA L WILLIAMS**

**PS**

**04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date