

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102043

Entity Name: BARBAS, NUNEZ, SANDERS, BUTLER & HOVSEPIAN, P.A.**Current Principal Place of Business:**1802 WEST CLEVELAND STREET
TAMPA, FL 33606**Current Mailing Address:**1802 WEST CLEVELAND STREET
TAMPA, FL 33606**FEI Number: 59-3414762****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARBAS, STEPHEN M
1802 WEST CLEVELAND STREET
TAMPA, FL 33606 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	PD
Name	BARBAS, STEPHEN M
Address	1802 WEST CLEVELAND STREET
City-State-Zip:	TAMPA FL 33606

Title	T
Name	GRAY, SANDERS L
Address	1802 W CLEVELAND ST
City-State-Zip:	TAMPA FL 33606

Title	S
Name	BUTLER, JIMMIE
Address	1802 W CLEVELAND ST
City-State-Zip:	TAMPA FL 33606

Title	VP
Name	BARCIA-NUNEZ, KELLY
Address	1802 W CLEVELAND ST
City-State-Zip:	TAMPA FL 33606

Title	S
Name	HOVSEPIAN, STEVEN E
Address	1802 W CLEVELAND ST
City-State-Zip:	TAMPA FL 33606

Title	S
Name	STONE, KATHERINE A
Address	1802 W. CLEVELAND ST.
City-State-Zip:	TAMPA FL 33606

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: STEPHEN M. BARBAS**OWNER/PARTNER****03/02/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date