## **2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F2000000558

Entity Name: RE STRATEGIC CAPITAL B, INC.

**Current Principal Place of Business:** 

450 S. ORANGE AVE. ORLANDO, FL 32801

**Current Mailing Address:** 

PO BOX 4920

ORLANDO, FL 32802 US

FEI Number: 84-4405899 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Mar 23, 2024

**Secretary of State** 

4916136896CC

Officer/Director Detail:

Title ASSISTANT TREASURER Title CFO

NameRAWLS, KAKINameTIPTON, TAMMY J.Address450 S. ORANGE AVE.Address450 S. ORANGE AVE.City-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Title TREASURER Title AUTHORIZED REPRESENTATIVE

NameTIPTON, TAMMY J.NameWOLMER, DAVIDAddress450 S. ORANGE AVE.Address450 S. ORANGE AVE.City-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Title ASSISTANT SECRETARY Title ASSISTANT SECRETARY

NameYOCHUM, BRADLEY S.NameSCOTT, SANDRAAddress450 S. ORANGE AVE.Address450 S. ORANGE AVE.City-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Title DIRECTOR Title CEO

NameBHAVSAR, CHIRAG J.NameBHAVSAR, CHIRAG J.Address450 S. ORANGE AVE.Address450 S. ORANGE AVE.City-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Continues on page 2

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: TRACEY B. BRACCO SECRETARY 03/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title SECRETARY

NameBRACCO, TRACEY B.Address450 S. ORANGE AVE.City-State-Zip:ORLANDO FL 32801