

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78615

Entity Name: STRATEGIS CPAS & CONSULTANTS, P.A.**Current Principal Place of Business:**15955 N FLORIDA AVE STE 101
LUTZ, FL 33549-8103**Current Mailing Address:**15955 N FLORIDA AVE STE 101
LUTZ, FL 33549-8103 US**FEI Number:** 59-2886500**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANFORD, BLAIN
15955 N FLORIDA AVE STE 101
LUTZ, FL 33549-8103 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	PRESIDENT, DIRECTOR
Name	SANFORD, R BLAIN
Address	15955 N FLORIDA AVE STE 101
City-State-Zip:	LUTZ FL 33549-8103

Title	SECRETARY
Name	SANFORD, KAREN A
Address	15955 N FLORIDA AVE STE 101
City-State-Zip:	LUTZ FL 33549-8103

Title	VP, DIRECTOR
Name	COTE-HASEGAWA, SYLVIE
Address	15955 N FLORIDA AVE STE 101
City-State-Zip:	LUTZ FL 33549-8103

Title	TREASURER, DIRECTOR
Name	DAVIS, CHRISTINA L
Address	15955 N FLORIDA AVE STE 101
City-State-Zip:	LUTZ FL 33549-8103

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: KAREN A SANFORD**SECRETARY****01/23/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date