

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014530

Entity Name: SUSAN SAPSFORD PA**Current Principal Place of Business:**323 S. CENTER ST
ORMOND BEACH, FL 32174**Current Mailing Address:**323 S. CENTER ST
ORMOND BEACH, FL 32174 US**FEI Number:** 90-0237593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOGUIDICE, JOE
1515 RIDGEWOOD AVE.
HOLLY HILL, FL 32117 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	DIRECTOR, PRESIDENT
Name	SAPSFORD, SUSAN JOYCE
Address	323 S. CENTER ST
City-State-Zip:	ORMOND BEACH FL 32174

Title	DIRECTOR
Name	RALSTON, DANIEL A
Address	3 AARON CIRCLE
City-State-Zip:	ORMOND BEACH FL 32174

Title	DIRECTOR
Name	GILMORE, ASHLEY M
Address	323 S. CENTER ST
City-State-Zip:	ORMOND BEACH FL 32174

Title	DIRECTOR, PRESIDENT
Name	GILDON, JONATHAN
Address	323 S. CENTER ST
City-State-Zip:	ORMOND BEACH FL 32174

Title	VP
Name	SAPSFORD, MARTIN
Address	323 S. CENTER ST
City-State-Zip:	ORMOND BEACH FL 32174

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: SUSAN J SAPSFORD**PRESIDENT****05/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date