

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000057042

Entity Name: FIRST DEFENSE NASAL SCREEN CORP**Current Principal Place of Business:**7143 STATE RD 54
117
NEW PORT RICHEY, FL 34653**Current Mailing Address:**7143 STATE RD 54
117
NEW PORT RICHEY, FL 34653**FEI Number:** 27-0541941**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE, JOSEPH K
7143 STATE RD 54
117
NEW PORT RICHEY, FL 34653 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 P
Name MOORE, JOSEPH K
Address 7143 STATE RD 54 SUITE 117
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name MOORE, JOSEPH K JR.
Address 7143 STATE RD 54
117
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name GRAVES, RICHARD
Address 7143 STATE RD 54
117
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name HOOPER, BRIAN
Address 7143 STATE RD 54
117
City-State-Zip: NEW PORT RICHEY FL 34653

Title VP
Name SEABOL, KENNETH
Address 7143 STATE RD 54
117
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name BLANK, STEVEN
Address 7143 STATE RD 54
117
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name PARRENT, RANDY
Address 7143 STATE RD 54
117
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name BERLO, DAVID
Address 7143 STATE RD 54
117
City-State-Zip: NEW PORT RICHEY FL 34653

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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: JOSEPH MOORE**MANAGER****04/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NOVINSKI, MICHAEL J
Address 7143 STATE RD 54
 117
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name FASZCZEWSKI, PAUL
Address 3780 LAKE SHORE RD
City-State-Zip: LEXINGTON MI 48450

Title SECRETARY
Name JOHNSON, BEN
Address 7143 STATE RD 54
 117
City-State-Zip: NEW PORT RICHEY FL 34653