

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000056629

**Entity Name:** PATRICIA MCCABE P.A.

**Current Principal Place of Business:**

1522 MASSACHUSETTS AVE.  
ST. CLOUD, FL 34769

**Current Mailing Address:**

1522 MASSACHUSETTS AVE.  
ST. CLOUD, FL 34769

**FEI Number:** 82-2179739

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCABE, PATRICIA A  
1522 MASSACHUSETTS AVE  
ST. CLOUD, FL 34769 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 MCCABE, PATRICIA A  
Address 1522 MASSACHUSETTS AVE.  
City-State-Zip: ST. CLOUD FL 34769

*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:** PATRICIA MCCABE

P

01/17/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date