

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000009797

**Entity Name:** SARA HOLLADAY-TOBIAS, P.A.

**Current Principal Place of Business:**

50 NORTH LAURA STREET, STE. 3300  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

50 NORTH LAURA STREET, STE. 3300  
JACKSONVILLE, FL 32202 US

**FEI Number:** 36-4932647

**Certificate of Status Desired:** No

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

HOLLADAY-TOBIAS, SARA  
50 NORTH LAURA STREET, STE. 3300  
JACKSONVILLE, FL 32202 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 HOLLADAY-TOBIAS, SARA  
Address 50 NORTH LAURA STREET SUITE  
3300  
City-State-Zip: JACKSONVILLE FL 32202

*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:** SARA HOLLADAY-TOBIAS

**PRESIDENT**

**04/27/2020**

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

\_\_\_\_\_ Date