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 <sup>,</sup> WAI TER TOWNER	PRESIDENT	01/26/2023	

PRESIDENT

SIGNATURE: WALTER TOWNER

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# P21000062483

Entity Name: WALTER T. TOWNER, PA

## **Current Principal Place of Business:**

777 MASTERPIECE DRIVE SUN CITY CENTER, FL 33573

## **Current Mailing Address:**

777 MASTERPIECE DRIVE SUN CITY CENTER. FL 33573

## FEI Number: 87-1418633

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

TOWNER, WALTER T 777 MASTERPIECE DRIVE SUN CITY CENTER, FL 33573 US

**Officer/Director Detail :** 

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:

Title	PVT	Title	S
Name	TOWNER, WALTER T	Name	TOWNER, MARGARET L
Address	777 MASTERPIECE DRIVE	Address	777 MASTERPIECE DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573

# Certificate of Status Desired: No

# FILED Jan 26, 2023 Secretary of State 8666832944CC

Date

Date