

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000038343

Entity Name: SALIWANCHIK, LLOYD & EISENSCHENK, A PROFESSIONAL ASSOCIATION**FILED**
Apr 07, 2023
Secretary of State
7303933564CC**Current Principal Place of Business:**3107 SW WILLISTON RD
GAINESVILLE, FL 32608**Current Mailing Address:**PO BOX 142950
GAINESVILLE, FL 32614 US**FEI Number: 59-3184392****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SALIWANCHIK, DAVID R
3107 SW WILLISTON ROAD
GAINESVILLE, FL 32608 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 PD
Name SALIWANCHIK, DAVID R
Address 3107 SW WILLISTON ROAD
City-State-Zip: GAINESVILLE FL 32608Title VD
Name LLOYD, JEFF
Address 3107 SW WILLISTON ROAD
City-State-Zip: GAINESVILLE FL 32608Title D
Name EISENSCHENK, FRANK C
Address 3107 SW WILLISTON ROAD
City-State-Zip: GAINESVILLE FL 32608Title DS
Name CHO, COREY K
Address 3107 SW WILLISTON RD
City-State-Zip: GAINESVILLE FL 32607Title D
Name FRANK, LOUIS C
Address P.O. BOX 142950
City-State-Zip: GAINESVILLE FL 32614-2950

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: DAVID R SALIWANCHIK**PRESIDENT****04/07/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date