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.

PRESIDENT

SIGNATURE: BETSY MASCARO

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107588

Entity Name: ACCOUNTING OFFICES OF BETSY A. MASCARO, P.A.

Current Principal Place of Business:

840 US HWY ONE SUITE 415 NORTH PALM BEACH, FL 33408

Current Mailing Address:

840 US HWY ONE SUITE 415 NORTH PALM BEACH, FL 33408

FEI Number: 65-0802924

Name and Address of Current Registered Agent:

MASCARO, BETSY A 840 US HIGHWAY ONE STE 415 NORTH PALM BEACH, FL 33408 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

Officer/Director Detail :

	Title	DP	Title	S
	Name	MASCARO, BETSY A	Name	DANN, MARCY E
	Address	840 US HWY 1 STE 415	Address	840 US HWY ONE
	City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408
	Title	Т	Title	VP
	Title Name	T SHEETS, KAREN	Title Name	VP MONTI, LOUIS L
		T SHEETS, KAREN 840 US HWY ONE STE 415		MONTI, LOUIS L 840 US HWY ONE
	Name Address	840 US HWY ONE STE 415	Name	MONTI, LOUIS L
	Name	,	Name	MONTI, LOUIS L 840 US HWY ONE

FILED Jan 16, 2020 Secretary of State 2490850927CC

Certificate of Status Desired: No

01/16/2020 Date

Date