

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000297

Entity Name: SMOLKER, BARTLETT, LOEB, HINDS & SHEPPARD, P.A.**Current Principal Place of Business:**100 N. TAMPA STREET
SUITE 2050
TAMPA, FL 33602**Current Mailing Address:**100 N. TAMPA STREET
SUITE 2050
TAMPA, FL 33602 US**FEI Number:** 59-3552748**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHEPPARD, SHANNON
100 N. TAMPA STREET
SUITE 2050
TAMPA, FL 33602 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:** SHANNON SHEPPARD

02/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SMOLKER, DAVID
Address 100 N. TAMPA STREET
SUITE 2050
City-State-Zip: TAMPA FL 33602

Title D
Name BARTLETT, JAY J
Address 100 NORTH TAMPA STREET
SUITE 2050
City-State-Zip: TAMPA FL 33602

Title D
Name ETHAN, LOEB J
Address 100 NORTH TAMPA STREET
SUITE 2050
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name HINDS, JEFFREY L.
Address 100 NORTH TAMPA STREET
SUITE 2050
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name TASSO, JON
Address 100 NORTH TAMPA STREET
SUITE 2050
City-State-Zip: TAMPA FL 33602

Title PRESIDENT, DIRECTOR
Name SHEPPARD, SHANNON
Address 100 NORTH TAMPA STREET
SUITE 2050
City-State-Zip: TAMPA FL 33602

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: SHANNON SHEPPARD**PRESIDENT AND
DIRECTOR**

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date