## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22279

Entity Name: EAST CENTRAL FLORIDA SERVICES, INC.

**Current Principal Place of Business:** 

4550 DEER PARK RD SAINT CLOUD. FL 34773

**Current Mailing Address:** 

50 E. NORTH TEMPLE 2WW SALT LAKE CITY. UT 84150 US

FEI Number: 59-2996410 Certificate of Status Desired: No

**FILED** Apr 26, 2021

**Secretary of State** 

5675325147CC

Date

Date

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Name

Name

Electronic Signature of Registered Agent

Officer/Director Detail :

Title SECRETARY, TREASURER, Title DIRECTOR, PRESIDENT

DIRECTOR JACOBSEN, K. ERIK Name ALLEN, PAUL L

79 S. MAIN STREET, SUITE 1100 Address 79 S. MAIN STREET, SUITE 1100 Address

City-State-Zip: SALT LAKE CITY UT 84111 City-State-Zip: SALT LAKE CITY UT 84111

Title ASST. SECRETARY, ASST. Title DIRECTOR, CEO **TREASURER** 

Name SMITH, SCOTT ROSE, DOUGLAS L.

79 S. MAIN STREET, SUITE 1100 79 S. MAIN STREET, SUITE 1100 Address Address City-State-Zip: SALT LAKE CITY UT 84111

VΡ Title

City-State-Zip:

Name JORGENSEN, KENT Address 79 S MAIN ST STE 1100 City-State-Zip: SALT LAKE CITY UT 84111

SALT LAKE CITY UT 84111

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.

04/26/2021 SIGNATURE: PAUL L. ALLEN SECRETARY