

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M78615

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**9115333810CC**

**Entity Name:** STRATEGIS CPAS & CONSULTANTS, P.A.

**Current Principal Place of Business:**

15955 N FLORIDA AVE STE 101  
LUTZ, FL 33549-8103

**Current Mailing Address:**

15955 N FLORIDA AVE STE 101  
LUTZ, FL 33549-8103 US

**FEI Number: 59-2886500**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANFORD, BLAIN  
15955 N FLORIDA AVE STE 101  
LUTZ, FL 33549-8103 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            PRESIDENT, DIRECTOR  
Name            SANFORD, R BLAIN  
Address        15955 N FLORIDA AVE STE 101  
City-State-Zip: LUTZ FL 33549-8103

Title            SECRETARY, TREASURER  
Name            SANFORD, KAREN A  
Address        15955 N FLORIDA AVE STE 101  
City-State-Zip: LUTZ FL 33549-8103

Title            VP, DIRECTOR  
Name            COTE-HASEGAWA, SYLVIE  
Address        15955 N FLORIDA AVE STE 101  
City-State-Zip: LUTZ FL 33549-8103

*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: KAREN A. SANFORD**

**SECY/TREASURER**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date