

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000050781

**Entity Name:** DR STANLEY ENTERPRISES, INC.

**Current Principal Place of Business:**

3030 N ROCKY POINT DR  
100  
TAMPA, FL 33607

**Current Mailing Address:**

3030 N ROCKY POINT DR  
100  
TAMPA, FL 33607 US

**FEI Number:** 88-4267633

**Certificate of Status Desired:** No

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

STANLEY, DUSTIN  
5120 MARINA WAY  
16002  
TAMPA, FL 33606 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 P  
Name STANLEY, DUSTIN  
Address 5120 MARINA WAY  
16002  
City-State-Zip: TAMPA FL 33611

Title VP  
Name STANLEY, DUSTIN  
Address 5120 MARINA WAY.  
City-State-Zip: TAMPA FL 33611

Title S  
Name STANLEY, DUSTIN  
Address 5120 MARINA WAY.  
City-State-Zip: TAMPA FL 33611

Title T  
Name STANLEY, DUSTIN  
Address 5120 MARINA WAY  
City-State-Zip: TAMPA FL 33611

*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:** DUSTIN STANLEY

**PRESIDENT**

**06/13/2023**

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

\_\_\_\_\_  
Date