

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122456

Entity Name: DAN ADOVASIO INSURANCE AGENCY, INC.**Current Principal Place of Business:**7350 SHOPPES DRIVE
SUITE 101
VIERA, FL 32940**Current Mailing Address:**7350 SHOPPES DRIVE
SUITE 101
VIERA, FL 32940**FEI Number:** 20-0320442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADOVASIO, DANIEL J
7350 SHOPPES DRIVE
SUITE 101
VIERA, FL 32940 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
Name	ADOVASIO, DANIEL J
Address	7350 SHOPPES DRIVE SUITE 101
City-State-Zip:	VIERA FL 32940

Title	VP
Name	ADOVASIO, KATHRYN J
Address	7350 SHOPPES DRIVE SUITE 101
City-State-Zip:	VIERA FL 32940

Title	TREASURER
Name	ADOVASIO, DANIEL J
Address	7350 SHOPPES DRIVE SUITE 101
City-State-Zip:	VIERA FL 32940

Title	SECRETARY
Name	ADOVASIO, KATHRYN J
Address	7350 SHOPPES DRIVE SUITE 101
City-State-Zip:	VIERA FL 32940

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: DANIEL J. ADOVASIO**PRESIDENT/TREASURER** 01/31/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date