# 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: TOM BISHOP

Electronic Signature of Signing Officer/Director Detail

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P09000068398

Entity Name: TOM BISHOP INSURANCE AGENCY, INC.

## Current Principal Place of Business:

170 E BOCA RATON RD #3 BOCA RATON, FL 33432

## **Current Mailing Address:**

170 E BOCA RATON RD #3 BOCA RATON, FL 33432 US

#### FEI Number: 80-0462393

## Name and Address of Current Registered Agent:

BISHOP, TOM 6658 QUIET WAVE TRAIL UNIT 64 BOCA RATON, FL 33433 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

#### Officer/Director Detail :

City-State-Zip: BOCA RATON FL 33433

	Title	D/P	Title	VP	
	Name	BISHOP, TOM	Name	BISHOP, DAVID	
	Address		Address	3114 SPANISH TRAIL	
	City-State-Zip:	UNIT 64 BOCA RATON FL 33433	City-State-Zip:	DELRAY BEACH FL 33483	
	Title	T, SECRETARY			
	Name	BISHOP, SANDY			
	Address	6654 QUIET WAVE TRAIL UNIT 64			

Certificate of Status Desired: No

FILED Jan 16, 2020 Secretary of State 8638956290CC

> 01/16/2020 Date

Date

PRESIDENT