

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000032102

**Entity Name:** BCL INSURANCE & PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

13824 VIALE VENEZIA  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

9170 GLADES RD. # 161  
BOCA RATON, FL 33434 US

**FEI Number:** 45-4901392

**Certificate of Status Desired:** No

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

TAYLOR, BRUCE  
9170 GLADES RD. # 161  
BOCA RATON, FL 33434 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, SECRETARY,  
                    TREASURER  
Name            TAYLOR, BRUCE  
Address        13824 VIALE VENEZIA  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            TAYLOR - ROBERTS, COURTNEY  
Address        2027 HARVESTWOOD LANE  
City-State-Zip: CHAPIN SC 29036

*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:** BRUCE TAYLOR

**PRESIDENT**

**04/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date