

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000090523

Entity Name: OMEGA ALLIED INSURANCE INC.

Current Principal Place of Business:

2725 PARK DRIVE
SUITE 3
CLEARWATER, FL 33763

Current Mailing Address:

2725 PARK DRIVE
SUITE 3
CLEARWATER, FL 33763

FEI Number: 84-3998614

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEAREY, CLOVER
2725 PARK DR
SUITE 3
CLEARWATER, FL 33763 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 SHEAREY, CLOVER
Address 2725 PARK DR, SUITE 3
City-State-Zip: CLEARWATER FL 33763

Title VP
Name ZITZELBERG, RUSSELL
Address 2725 PARK DR, SUITE 3
City-State-Zip: CLEARWATER FL 33763

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: CLOVER M SHEAREY

PRESIDENT

05/18/2020

Electronic Signature of Signing Officer/Director Detail

Date