

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000020487

**Entity Name:** ANCLOTE PRIME INSURANCE AGENCY INC

**Current Principal Place of Business:**

550 N REO STREET  
300  
TAMPA, FL 33609

**Current Mailing Address:**

36750 US HWY 19 N  
PALM HARBOR, FL 34684 US

**FEI Number:** 84-5035582

**Certificate of Status Desired:** No

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

ANCLOTE PRIME INSURANCE AGENCY  
36750 US HWY 19 N  
PALM HARBOR, FL 34684 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:** STEPHEN GILBERT

04/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GILBERT, STEPHEN  
Address        36750 US HWY 19 N  
City-State-Zip: PALM HARBOR FL 34684

*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:** STEPHEN GILBERT

PRESIDENT

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date