## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000089110

Entity Name: OEM FLORIDA INC.

**Current Principal Place of Business:** 

5593-5617 ST LUCIE BLVD.

FORT PIERCE, FL 34946

## **Current Mailing Address:**

5593-5617 ST LUCIE BLVD. FORT PIERCE. FL 34946 US

FEI Number: 37-2068691 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

**FILED** Apr 24, 2024

**Secretary of State** 

1875124067CC

## Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title DIRECTOR

BRASSEUR, ALAIN Name CLAPPERTON, DAVE Name 5593-5617 ST LUCIE BLVD. Address 5593-5617 ST LUCIE BLVD. Address

City-State-Zip: FORT PIERCE FL 34946 FORT PIERCE FL 34946 City-State-Zip:

Title **SECRETARY** Title DIRECTOR, TREASURER

Name NILSON, DEBORAH Name TREMBLAY, MANON

Address 10 E. 40TH STREET, SUITE 3310 Address 5593-5617 ST LUCIE BLVD.

NEW YORK NY 10016 City-State-Zip: City-State-Zip: FORT PIERCE FL 34946

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: DEBORAH NILSON **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

04/24/2024 Date