

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000010904

**Entity Name:** FLAGLER INSURANCE AGENCY INC

**Current Principal Place of Business:**

250 ROYAL PALM WAY, SUITE #307  
PALM BEACH, FL 33480

**Current Mailing Address:**

250 ROYAL PALM WAY, SUITE #307  
PALM BEACH, FL 33480 US

**FEI Number:** 65-0393224

**Certificate of Status Desired:** No

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

SCHAPIRO, TYLER  
250 ROYAL PALM WAY, SUITE #307  
PALM BEACH, FL 33480 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  
Name            SCHAPIRO, TYLER M.  
Address        250 ROYAL PALM WAY, SUITE #307  
City-State-Zip: PALM BEACH FL 33480

Title            SECRETARY  
Name            VIVIANI, BRITTANY  
Address        1091 NE PINE ISLAND RD.  
City-State-Zip: CAPE CORAL FL 33991

Title            VICE PRESIDENT  
Name            SCALZO, RONALD V. JR.  
Address        1091 NE PINE ISLAND RD.  
City-State-Zip: CAPE CORAL FL 33909

*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:** TYLER SCHAPIRO

CEO

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date