

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000071536

**Entity Name:** AMERICAN STRATEGIC INSURANCE CORP.

**Current Principal Place of Business:**

1 ASI WAY  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

1 ASI WAY  
ST PETERSBURG, FL 33702 US

**FEI Number:** 59-3459912

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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, CEO, DIRECTOR  
Name            PRATT, DAVID LLOYD  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title            TREASURER  
Name            PLESS, GARRETT  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title            VP, SECRETARY  
Name            SUNDBERG, KATHLEEN  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title            VP, DIRECTOR  
Name            FJARE, TANYA JUDITH  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title            VP  
Name            BATES, SHERRI  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title            VP  
Name            MCCRINK, PATRICK THOMAS  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title            DIRECTOR  
Name            O'NUALLAIN, KELLIE A.  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

*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:** KATHLEEN SUNDBERG

**SECRETARY, BY LAUREN 03/19/2021  
DUEMIG, ATTORNEY-IN-  
FACT**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date