

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000099906

**Entity Name:** EZZI INSURANCE, INC.

**Current Principal Place of Business:**

1931 TAMIAMI TRAIL  
UNIT 1  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

1931 TAMIAMI TRAIL  
UNIT 1  
PORT CHARLOTTE, FL 33948 US

**FEI Number:** 65-0883914

**Certificate of Status Desired:** No

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

EZZI, TYLER J  
1931 TAMIAMI TRAIL  
UNIT 1  
PORT CHARLOTTE, FL 33948 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            D  
Name            EZZI, TYLER  
Address        1931 TAMIAMI TRAIL  
                  UNIT 1  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            O  
Name            EZZI, DOMINIC  
Address        1931 TAMIAMI TRAIL  
                  UNIT 1  
City-State-Zip: PORT CHARLOTTE FL 33948

*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 EZZI

**PRES**

**04/30/2019**

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

\_\_\_\_\_  
Date