

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S52337

**Entity Name:** C & L INSURANCE, INC.

**Current Principal Place of Business:**

2295 N.W. CORPORATE BLVD., STE 121  
BOCA RATON, FL 33431

**Current Mailing Address:**

796 STAGHORN CT.  
BOCA RATON, FL 33432 US

**FEI Number:** 65-0260433

**Certificate of Status Desired:** Yes

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

COSTOLO, CHARLES M  
796 STAGHORN CT.  
BOCA RATON, FL 33432 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:** CHARLES MICHAEL COSTOLO

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name COSTOLO, CHARLES MPRES  
Address 2295 NW CORPORATE BLVD. #121  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name COSTOLO, SCOTT CHARLES  
Address 2295 N.W. CORPORATE BLVD., STE 121  
City-State-Zip: BOCA RATON FL 33431

*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:** CHARLES M COSTOLO

**DIRECTOR**

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date