

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G53681

**Entity Name:** CINCH INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4700 EXCHANGE COURT, SUITE 300  
BOCA RATON, FL 33431

**Current Mailing Address:**

4700 EXCHANGE COURT, SUITE 300  
BOCA RATON, FL 33431 US

**FEI Number:** 59-2388171

**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            CEO  
Name            UPSHAW, STEVEN E  
Address        4700 EXCHANGE COURT  
                  SUITE 300  
City-State-Zip: BOCA RATON FL 33431

Title            DIRECTOR  
Name            WOLK, JEFFREY  
Address        4700 EXCHANGE COURT  
                  SUITE 300  
City-State-Zip: BOCA RATON FL 33431

Title            SECRETARY, TREASURER  
Name            WARD, MARGARET G  
Address        4700 EXCHANGE COURT  
                  SUITE 300  
City-State-Zip: BOCA RATON FL 33431

Title            PRESIDENT  
Name            STEIN , DOUGLAS K  
Address        4700 EXCHANGE COURT  
                  SUITE 300  
City-State-Zip: BOCA RATON FL 33431

Title            ASST. TREASURER  
Name            KASPRZAK, GREGORY  
Address        4700 EXCHANGE COURT  
                  SUITE 300  
City-State-Zip: BOCA RATON FL 33431

Title            DIRECTOR  
Name            WOLK, SIDNEY  
Address        4700 EXCHANGE COURT  
                  SUITE 300  
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:** MARGARET G. WARD

**SECRETARY, BY  
THERESA FAGAN,  
ATTORNEY-IN-FACT**

**04/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date