

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58107

Entity Name: F.A.S. ADJUSTMENT BUREAU, INC.

Current Principal Place of Business:

1543 KINGSLEY AVE BLDG 11
ORANGE PARK, FL 32067-0015

Current Mailing Address:

1543 KINGSLEY AVE BLDG 11
POB 1543
ORANGE PARK, FL 32067-0015 US

FEI Number: 59-2414826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOCCIERI, STEPHEN A.
1921 ROSE MALLOW LANE
FLEMING ISLAND, FL 32003 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 S
Name BOCCIERI, STEPHEN
Address 1921 ROSE MALLOW LANE
City-State-Zip: FLEMING ISLAND FL 32003

Title P
Name BOCCIERI, MONICA
Address 1921 ROSE MALLOW LANE
City-State-Zip: FLEMING ISLAND FL 32003

Title T
Name BOCCIERI, STEPHANIE
Address 1921 ROSE MALLOW LANE
City-State-Zip: FLEMING ISLAND FL 32003

Title VICE PRESIDENT
Name CARLIN, ALICE J
Address 1543 KINGSLEY AVE BLDG 11
City-State-Zip: ORANGE PD FL 32067-0015

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: STEPHEN A BOCCIERI

SECRETARY

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date