

**2021 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:** MONICA BOCCIERI

**PRESIDENT**

**03/17/2021**

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

\_\_\_\_\_  
Date