

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23173

Entity Name: NBOA MARINE INSURANCE AGENCY, INC.**Current Principal Place of Business:**4404 N. TAMIAMI TRAIL
SARASOTA, FL 34234**Current Mailing Address:**4404 N. TAMIAMI TRAIL
SARASOTA, FL 34234 US**FEI Number:** 59-2460581**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANSON, REBECCA
3869 PRAIRIE DUNES DR.
SARASOTA, FL 34238 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 PRESIDENT
Name HANSON, REBECCA
Address 4404 N. TAMIAMI TRAIL
City-State-Zip: SARASOTA FL 34234

Title VICE PRESIDENT
Name FARRELL, ICESEAS R
Address 4404 N. TAMIAMI TRAIL
City-State-Zip: SARASOTA FL 34234

Title TREASURER
Name BERNDT-HANSON, REBECCA
Address 4404 N. TAMIAMI TRAIL
City-State-Zip: SARASOTA FL 34234

Title SENIOR VICE PRESIDENT
Name BERNDT, JEFFREY F
Address 4404 N. TAMIAMI TRAIL
City-State-Zip: SARASOTA FL 34234

Title ASSISTANT VICE PRESIDENT
Name FARRELL, PATRICK
Address 4404 N. TAMIAMI TRAIL
City-State-Zip: SARASOTA FL 34234

Title SECRETARY
Name BERNDT-HANSON, REBECCA
Address 4404 N. TAMIAMI TRAIL
City-State-Zip: SARASOTA FL 34234

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: REBECCA HANSON**OFFICER****01/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date