

2019 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	SENIOR VICE PRESIDENT
Name	BERNDT, JEFFREY F
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	ASSISTANT VICE PRESIDENT
Name	FARRELL, PATRICK
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	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**PRESIDENT****01/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date