

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00079

Entity Name: PROGRESSIVE AUTO PRO INSURANCE AGENCY, INC.**Current Principal Place of Business:**4030 CRESCENT PARK DRIVE
BUILDING B
RIVERVIEW, FL 33569**Current Mailing Address:**6300 WILSON MILLS ROAD
ATTN: LAW DEPARTMENT
MAYFIELD VILLAGE, OH 44143 US**FEI Number:** 58-1772717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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	ASST. SECRETARY
Name	KOSUDA, KAREN A.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	PRESIDENT, DIRECTOR
Name	VYAS, SANJAY M.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	TREASURER, DIRECTOR
Name	WITALEC, DANIEL J.
Address	6300 WILSON MILLS ROAD ATTN: LAW DEPARTMENT
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	SECRETARY
Name	UTH, MICHAEL R
Address	6300 WILSON MILLS ROAD ATTN: LAW DEPARTMENT
City-State-Zip:	MAYFIELD VILLAGE OH 44143

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: KAREN A. KOSUDA**ASSISTANT SECRETARY** 06/07/2022

Electronic Signature of Signing Officer/Director Detail

Date