## **2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000083813

Entity Name: ALL STAR INSURANCE, NORTH TAMPA, INC.

**Current Principal Place of Business:** 

2560 E FOWLER AVENUE TAMPA, FL 33612-6271

## **Current Mailing Address:**

2560 E FOWLER AVENUE TAMPA, FL 33612-6271

FEI Number: 59-3739920 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MAGUIRE, JOSEPH MICHAEL 2560 E FOWLER AVENUE TAMPA, FL 33612-6271 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: JOSEPH MAGUIRE 02/10/2025

Electronic Signature of Registered Agent

Date

FILED Feb 10, 2025

**Secretary of State** 

9327536054CC

## Officer/Director Detail:

Title F

Name MAGUIRE, JOSEPH

Address 2560 E FOWLER AVENUE

City-State-Zip: TAMPA FL 33612-6271

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.

Electronic Signature of Signing Officer/Director Detail