

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000024726

**Entity Name:** TAMI SATTERFIELD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

218 S UNIVERSITY DR.  
PLANTATION, FL 33324

**Current Mailing Address:**

218 S UNIVERSITY DR.  
PLANTATION, FL 33324

**FEI Number:** 04-3605681

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SATTERFIELD, TAMI  
218 S UNIVERSITY DRIVE  
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            PRES  
Name            SATTERFIELD, TAMI  
Address        218 S UNIVERSITY DRIVE  
City-State-Zip: PLANTATION FL 33324

*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:** TAMI SATTERFIELD

**PRESIDENT**

**02/21/2018**

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

\_\_\_\_\_  
Date