

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000114491

**Entity Name:** DAVID TATE INSURANCE AGENCY, INC.

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**7088238240CC**

**Current Principal Place of Business:**

1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**Current Mailing Address:**

1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**FEI Number:** 20-0305266

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** HORATIO MONTEIRO

05/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TATE, DAVID L  
Address 1840 SW 22ND ST.  
4TH FLOOR  
City-State-Zip: MIAMI FL 33145

Title VP  
Name TATE, DAVID L  
Address 1840 SW 22ND ST.  
4TH FLOOR  
City-State-Zip: MIAMI FL 33145

Title S  
Name TATE, DAVID L  
Address 1840 SW 22ND ST.  
4TH FLOOR  
City-State-Zip: MIAMI FL 33145

Title T  
Name TATE, DAVID L  
Address 1840 SW 22ND ST.  
4TH FLOOR  
City-State-Zip: MIAMI FL 33145

*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:** DAVID TATE

**PRESIDENT**

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date