

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000109200

**Entity Name:** NUVANTAGE INSURANCE CORP.

**Current Principal Place of Business:**

3905 WEST EAU GALLIE BLVD  
SUITE 104  
MELBOURNE, FL 32934

**Current Mailing Address:**

3905 WEST EAU GALLIE BLVD  
SUITE 104  
MELBOURNE, FL 32934 US

**FEI Number:** 26-3892251

**Certificate of Status Desired:** No

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

O'BRIEN, JAMES M  
3905 WEST EAU GALLIE BLVD  
SUITE 104  
MELBOURNE, FL 32934 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            WIENCKOSKI, THOMAS  
Address         3278 CAPPIO DRIVE  
City-State-Zip: MELBOURNE FL 32940

*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:** THOMAS WIENCKOSKI

**PRESIDENT**

**02/04/2021**

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

\_\_\_\_\_  
Date