

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000039554

Entity Name: FLORIDA C.A.R.S. PROTECTION PLUS, INC.**Current Principal Place of Business:**4350 NORTHERN PIKE
SUITE 143
MONROEVILLE, PA 15146**Current Mailing Address:**4350 NORTHERN PIKE
SUITE 143
MONROEVILLE, PA 15146 US**FEI Number:** 81-2560169**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	VP
Name	MCCONNELL, JASON P
Address	4350 NORTHERN PIKE
City-State-Zip:	MONROEVILLE PA 15146

Title	CEO, PRESIDENT
Name	LACOE, LANCE M
Address	4350 NORTHERN PIKE
City-State-Zip:	MONROEVILLE PA 15146

Title	SECRETARY, DIRECTOR
Name	BLAIR, JAKE A.
Address	40 WEST 57TH STREET, 33 FLOOR
City-State-Zip:	NEW YORK NY 10019

Title	TREASURER, DIRECTOR
Name	HOWARTH, ROBERT JOHN
Address	30 TWO BRIDGES ROAD, SUITE 240
City-State-Zip:	FAIRFIELD NJ 07004

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: JASON PAUL MCCONNELL

VICE PRESIDENT

04/30/2023

Electronic Signature of Signing Officer/Director Detail_____
Date