

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000039554

**Entity Name:** FLORIDA C.A.R.S. PROTECTION PLUS, INC.**Current Principal Place of Business:**4431 WILLIAM PENN HIGHWAY  
SUITE 1  
MURRYSVILLE, PA 15668**Current Mailing Address:**4431 WILLIAM PENN HIGHWAY  
SUITE 1  
MURRYSVILLE, PA 15668 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	4431 WILLIAM PENN HIGHWAY, SUITE 1
City-State-Zip:	MURRYSVILLE PA 15668

Title	P, CEO
Name	LACOE, LANCE M
Address	4431 WILLIAM PENN HIGHWAY SUITE 1
City-State-Zip:	MURRYSVILLE PA 15668

Title	S, D
Name	POLLACK, EMILY RACHEL
Address	499 PARK AVENUE, 21ST FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	T, D
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

VP

04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date