# **2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000048098

Entity Name: SMART CHOICE INSURANCE AGENCY OF NORTH FLORIDA,

INC.

FILED Aug 02, 2019 Secretary of State 8190458622CC

# **Current Principal Place of Business:**

8954 LEM TURNER ROAD JACKSONVILLE, FL 32208

# **Current Mailing Address:**

8954 LEM TURNER ROAD JACKSONVILLE, FL 32208 US

FEI Number: 27-3113209 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

WHITE, MARCUS 8954 LEM TURNER ROAD JACKSONVILLE, FL 32208 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 D Title O

Name WHITE, MARCUS Name WHITE, LAVONDA

Address 8954 LEM TURNER ROAD Address 8954 LEM TURNER ROAD

City-State-Zip: JACKSONVILLE FL 32208

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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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: MARCUS WHITE

REGISTERED AGENT

08/02/2019