

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000052452

Entity Name: ALL COVERAGE INSURANCE SOLUTIONS, INC

Current Principal Place of Business:

7952-1 NORMANDY BLVD
JACKSONVILLE, FL 32221

Current Mailing Address:

7952-1 NORMANDY BLVD
JACKSONVILLE, FL 32221

FEI Number: 87-1009442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, HEIDI L
7952-1 NORMANDY BLVD
JACKSONVILLE, FL 32221 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 P
Name FEAGLE, CHRISTINE M
Address 7952-1 NORMANDY BLVD
City-State-Zip: JACKSONVILLE FL 32221

Title VP
Name BROWN, HEIDI L
Address 7952-1 NORMANDY BLVD
City-State-Zip: JACKSONVILLE FL 32221

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: HEIDI BROWN

VP

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date