

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000067464

Entity Name: MONIKA SPADLO INSURANCE AGENCY, INC.

Current Principal Place of Business:

1799 N HIGHLAND AVE #K188
CLEARWATER, FL 33755

Current Mailing Address:

1799 N HIGHLAND AVE #K188
CLEARWATER, FL 33755 US

FEI Number: 26-4392138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPADLO, MONIKA
1799 N HIGHLAND AVE #K188
CLEARWATER, FL 33755 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 PS
Name SPADLO, MONIKA
Address 1799 N HIGHLAND AVE #K188
City-State-Zip: CLEARWATER FL 33755

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: MONIKA SPADLO

DIRECTOR

02/17/2023

Electronic Signature of Signing Officer/Director Detail

Date