## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000676

Entity Name: FS INSURANCE BROKERS, INC.

**Current Principal Place of Business:** 

400 CAMPUS DRIVE, STE 101 COLLEGEVILLE. PA 19426

**Current Mailing Address:** 

400 CAMPUS DRIVE, STE 101 COLLEGEVILLE, PA 19426 US

FEI Number: 52-2128044 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST. 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

FILED Apr 25, 2023

**Secretary of State** 

2187704186CC

Officer/Director Detail:

Title D, P Title

Name LESTER, ANDREW C Name LEE, JOHN J III

Address 1855 GRIFFIN ROAD, SUITE A-330 Address 2950 N 28TH TERRACE

City-State-Zip: DANIA BEACH FL 33004 City-State-Zip: HOLLYWOOD FL 33020

Title VP Title ASSOCIATE MANAGER - BROKERAGE

Name KENT, SEAN D Name GEORGE, JAMIE E

Address 400 CAMPUS DRIVE, STE 101 Address 400 CAMPUS DRIVE, STE 101

City-State-Zip: COLLEGEVILLE PA 19426 City-State-Zip: COLLEGEVILLE PA 19426

Title SECRETARY

Name NATALE, MICHAEL

Address 1855 GRIFFIN RD, STE A-330 City-State-Zip: DANIA BEACH FL 33004

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: MICHAEL NATALE

Electronic Signature of Signing Officer/Director Detail

**SECRETARY** 

04/25/2023

Date