

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236543

Entity Name: ALL RISK MANAGEMENT INSURANCE SERVICES, INC.**Current Principal Place of Business:**2426 E ROBINSON ST
ORLANDO, FL 32803**Current Mailing Address:**PO BOX 531064
ORLANDO, FL 32853-1064 US**FEI Number:** 59-0901351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAHL, JEFFREY G
2426 E ROBINSON ST
ORLANDO, FL 32803 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:** JEFFREY G STAHL

04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	CEO
Name	STAHL, JEFFREY G	Name	STAHL, LOWELL J
Address	2503 DRIFTWOOD DR	Address	1135 LAMAR AVE
City-State-Zip:	FERN PARK FL 32730	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	T	Title	S
Name	STAHL, DENISE C	Name	STAHL, SHEILA C
Address	1135 LAMAR AVE	Address	2503 DRIFTWOOD DR
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	FERN PARK FL 32730

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: JEFFREY G STAHL**PRESIDENT**

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date