

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L49691

**Entity Name:** PENINSULA INSURANCE BUREAU, INC.

**Current Principal Place of Business:**

6065 NW 167 ST  
SUITE B1  
MIAMI, FL 33015

**Current Mailing Address:**

6065 NW 167 ST  
SUITE B1  
MIAMI, FL 33015 US

**FEI Number:** 65-0171532

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PALACIOS, JOSE A  
6065 NW 167 ST  
STE B1  
MIAMI, FL 33015 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 CEO  
Name PALACIOS, JOSE A  
Address 6065 NW 167 ST STE B1  
City-State-Zip: HIALEAH FL 33015

Title EVP  
Name KUNZMAN, EMERY L  
Address 6065 NW 167 ST STE B1  
City-State-Zip: HIALEAH FL 33015

Title COO  
Name MCKEEBY, PATRICK  
Address 2842 LENT ROAD  
City-State-Zip: APOPKA FL 32712

Title CIO  
Name SCATES, DAVID  
Address 2842 LENT ROAD  
City-State-Zip: APOPKA FL 32712

*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:** JOSE PALACIOS

CEO

01/02/2020

Electronic Signature of Signing Officer/Director Detail

Date