

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081125

Entity Name: COMPLETE INSURANCE SOURCE, INC.

Current Principal Place of Business:

101 S.GARLAND AVENUE
SUITE 203
ORLANDO, FL 32801

Current Mailing Address:

101 S.GARLAND AVENUE
SUITE 203
ORLANDO, FL 32801 US

FEI Number: 59-3673631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARNARD, PATRICIA
101 S.GARLAND AVENUE
SUITE 203
ORLANDO, FL 32801 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: PATRICIA BARNARD

01/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name WILLIAMS, DAYNE
Address 101 S.GARLAND AVENUE, SUITE 203
City-State-Zip: ORLANDO FL 32801

Title CFO
Name COOPER, MICHAEL
Address 101 S.GARLAND AVENUE, SUITE 203
City-State-Zip: ORLANDO FL 32801

Title SEC
Name BARNARD, PATRICIA
Address 101 S.GARLAND AVENUE, SUITE 203
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name FOSNAUGH, MICHAEL
Address 2 PRUDENTIAL PLAZA
180 NORTH STETSON AVENUE,
SUITE 4000
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR, VP, ASST. SECRETARY
Name WILSON, JEFF
Address 4 EMBARCADERO CENTER
20TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94111

Title CHAIRMAN
Name SMITH, ROBERT
Address 401 CONGRESS AVENUE, SUITE 3100
City-State-Zip: AUSTIN TX 78701

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: PATRICIA BARNARD

SECRETARY

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date