## 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: CAROLYN DEHLINGER PRES

Electronic Signature of Signing Officer/Director Detail

# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P05000107627

### Entity Name: BAYSHORE INSURANCE UNDERWRITERS, INC.

### **Current Principal Place of Business:**

1411 N WESTSHORE BL STE 311 TAMPA, FL 33607

#### **Current Mailing Address:**

P.O. BOX 151105 TAMPA, FL 33684 11

#### FEI Number: 20-3233171

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

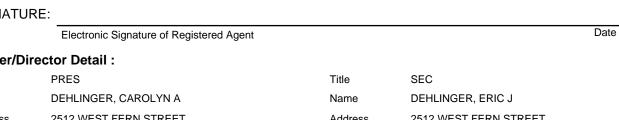
DEHLINGER, CAROLYN A 2512 WEST FERN STREET TAMPA, FL 33614 US

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:

#### **Officer/Director Detail :**

Title	PRES	Title	SEC
Name	DEHLINGER, CAROLYN A	Name	DEHLINGER, ERIC J
Address	2512 WEST FERN STREET	Address	2512 WEST FERN STREET
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614



Certificate of Status Desired: No

04/01/2015

Date