

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146443

Entity Name: ACCURATE INSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4409 SE 16TH PLACE
CAPE CORAL, FL 33904

Current Mailing Address:

PO BOX 101162
CAPE CORAL, FL 33910 US

FEI Number: 20-3748720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAVALIERI, DEAN J
1722 SE 45TH STREET
CAPE CORAL, FL 33904 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 P
Name CAVALIERI, DEAN J
Address 1722 SE 45TH STREET
City-State-Zip: CAPE CORAL FL 33904

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: DEAN CAVALIERI

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date