## **2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000001866

Entity Name: WE INSURE GROUP, INC.

**Current Principal Place of Business:** 

3020 HARTLEY RD., SUITE 300 JACKSONVILLE, FL 32257

**Current Mailing Address:** 

PO BOX 23865

JACKSONVILLE, FL 32241 US

FEI Number: 46-1700687 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

H. LEON HOLBROOK, III, ESQUIRE 10151 DEERWOOD PARK BLVD. BUILDING 300 SUITE 300 JACKSONVILLE, FL 32256 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

FILED Mar 24, 2021

**Secretary of State** 

3765189317CC

Officer/Director Detail:

Title PD Title DIRECTOR

Name VISALI, PHILIP C Name RAICES, DOMINIC

Address 3020 HARTLEY RD., SUITE 300 Address 3020 HARTLEY RD., SUITE 300
City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR Title DIRECTOR

Name SCHAEFFER, GEORGE Name FRANKEL, BRETT

Address 3020 HARTLEY RD., SUITE 300 Address 3020 HARTLEY RD., SUITE 300
City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32257

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: PHILIP C. VISALI

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/24/2021