

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000072684

**Entity Name:** WORLD INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3195 NORTH POWERLINE ROAD  
SUITE 106  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

3195 NORTH POWERLINE ROAD  
SUITE 103  
POMPANO BEACH, FL 33069 US

**FEI Number:** 47-4980439

**Certificate of Status Desired:** Yes

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

BYNOE, SUDKHANUENG  
3195 NORTH POWERLINE ROAD  
SUITE 103  
POMPANO BEACH, FL 33069 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:** SUDKHANUENG BYNOE

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COB  
Name YOKEUM, DAVID L  
Address 3195 NORTH POWERLINE ROAD  
SUITE 103  
City-State-Zip: POMPANO BEACH FL 33069

Title DIR.  
Name BILNEY, PHILIP  
Address 3195 NORTH POWERLINE ROAD  
SUITE 103  
City-State-Zip: POMPANO BEACH FL 33069

Title DIR.  
Name KRITZ, GREGORY  
Address 3195 NORTH POWERLINE ROAD  
SUITE 103  
City-State-Zip: POMPANO BEACH FL 33069

Title CEO  
Name LEE, MONICA  
Address 3195 NORTH POWERLINE ROAD  
SUITE 103  
City-State-Zip: POMPANO BEACH FL 33069

*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:** DAVID YOKEUM

COB

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date