

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000091858

**Entity Name:** THREE BRIDGES INSURANCE CORP

**Current Principal Place of Business:**

28870 U.S. HIGHWAY 19 N  
SUITE 304  
CLEARWATER, FL 33761

**Current Mailing Address:**

28870 U.S. HIGHWAY 19 N  
SUITE 304  
CLEARWATER, FL 33761 US

**FEI Number:** 47-5315295

**Certificate of Status Desired:** Yes

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

ABDI, ARI  
2531 SANDY BEACH LANE  
UNIT 1  
CLEARWATER, FL 33763 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:** ARI ABDI

01/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ABDI, ARI  
Address 28870 U.S. HIGHWAY 19 N  
SUITE 304  
City-State-Zip: CLEARWATER FL 33761

*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:** ARI ABDI

PRESIDENT

01/13/2018

Electronic Signature of Signing Officer/Director Detail

Date