

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000028285

Entity Name: INSURANCE FORMS CENTER INC

Current Principal Place of Business:

5461 N UNIVERSITY DR
STE 104
CORAL SPRINGS, FL 33067

Current Mailing Address:

5461 N UNIVERSITY DR
STE 104
CORAL SPRINGS, FL 33067 US

FEI Number: 85-1018216

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, AKBAR D SR
5461 N UNIVERISTY DR
104
CORAL SPRINGS, FL 33067 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 D
Name HERNANDEZ, AKBAR D SR
Address 5461 N UNIVERISTY DR STE 104
City-State-Zip: CORAL SPRINGS FL 33067

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: AKBAR D. HERNANDEZ

D

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date