

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000029994

Entity Name: SEACOAST INSURANCE SERVICES, INC.**Current Principal Place of Business:**815 COLORADO AVE
STUART, FL 34994**Current Mailing Address:**815 COLORADO AVE
STUART, FL 34994 US**FEI Number:** 82-5152950**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUDSON, DENNIS S III
815 COLORADO AVE
STUART, FL 34994 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 SHAFFER, CHARLES M
Address 815 COLORADO AVE
City-State-Zip: STUART FL 34994Title D
Name SONEGO, MICHAEL
Address 815 COLORADO AVE
City-State-Zip: STUART FL 34994Title D
Name FEINTUCH, TODD
Address 815 COLORADO AVE
City-State-Zip: STUART FL 34994Title D
Name LOWERY, PETER
Address 815 COLORADO AVE
City-State-Zip: STUART FL 34994Title D
Name DEXTER, TRACEY
Address 815 COLORADO AVE
City-State-Zip: STUART FL

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: DENNIS HUDSON**REGISTERED AGENT****02/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date