

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000023608

**Entity Name:** RUPERT H. BROWN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

17 NORTH ST RD 7  
PLANATTION, FL 33317

**Current Mailing Address:**

17 NORTH ST RD 7  
PLANATTION, FL 33317 US

**FEI Number:** 65-0909869

**Certificate of Status Desired:** No

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

BROWN, RUPERT H  
17 N STATE RD 7  
PLANTATION, FL 33317 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	P	Title	VP
Name	BROWN, RUPERT H	Name	BROWN, SYLVIA S
Address	17 N STATE RD 7	Address	17 N STATE RD 7
City-State-Zip:	PLANATION FL 33317	City-State-Zip:	PLANTATION FL 33317

*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:** RUPERT BROWN

P

01/28/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date