

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076900

Entity Name: 1 SOURCE INSURANCE AGENCY INC.

Current Principal Place of Business:

1701 S. HARBOR CITY BLVD.(US1)
MELBOURNE, FL 32901

Current Mailing Address:

1701 S. HARBOR CITY BLVD.(US1)
MELBOURNE, FL 32901

FEI Number: 59-3595236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEIBANI, AFSHIN
1701 S. HARBOR CITY BLVD.(US1)
MELBOURNE, FL 32901 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
Name SHEIBANI, AFSHIN
Address 1701 S. HARBOR CITY BLVD.
City-State-Zip: MELBOURNE FL 32901

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: AFSHIN SHAWN SHEIBANI

OWNER

03/12/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date