

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006230

Entity Name: FISHMAN INSURANCE SERVICES, INC.

Current Principal Place of Business:

2556 JASMINE WAY
NORTH PORT, FL 34287

Current Mailing Address:

PMB 408 1181 SOUTH SUMTER BLVD.
NORTH PORT, FL 34287

FEI Number: 58-1470212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISHMAN, STEVEN P
2556 JASMINE WAY
NORTH PORT, FL 34287 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 PC
Name FISHMAN, STEVEN P
Address 2556 JASMINE WAY
City-State-Zip: NORTH PORT FL 34287

Title ST
Name FISHMAN, VIRGINIA A
Address 2556 JASMINE WAY
City-State-Zip: NORTH PORT FL 34287

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: STEVEN FISHMAN

OWNER

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date