## **2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004742

Entity Name: SBSI INSURANCE AGENCY OF TEXAS, INC.

FILED
Apr 05, 2018
Secretary of State
CC9146932215

## **Current Principal Place of Business:**

595 SOUTH FEDERAL HIGHWAY

SUITE 500

BOCA RATON, FL 33432

## **Current Mailing Address:**

595 SOUTH FEDERAL HIGHWAY SUITE 500

BOCA RATON, FL 33432 US

FEI Number: 58-2559203 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name JACOBS, STEVEN C. Name LEEDS, MARSHALL T.

Address 595 SOUTH FEDERAL HIGHWAY Address 595 SOUTH FEDERAL HIGHWAY

SUITE 500 SUITE 500

City-State-Zip: BOCA RATON FL 33432 City-State-Zip: BOCA RATON FL 33432

Title TREASURER Title SECRETARY

Name JACOBS, STEVEN C. Name JACOBS, STEVEN C.

Address 595 SOUTH FEDERAL HIGHWAY Address 595 SOUTH FEDERAL HIGHWAY

SUITE 500 SUITE 500

City-State-Zip: BOCA RATON FL 33432 City-State-Zip: BOCA RATON FL 33432

Title PRESIDENT

Name LEEDS, MARSHALL T.

Address 595 SOUTH FEDERAL HIGHWAY

SUITE 500

City-State-Zip: BOCA RATON FL 33432

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 C. JACOBS

**SECRETARY** 

04/05/2018

Date