## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031374

Entity Name: E INSURANCE GROUP, INC.

**Current Principal Place of Business:** 

3501 BESSIE COLEMAN BLVD.

#25362

TAMPA, FL 33630

## **Current Mailing Address:**

PO BOX 25362 TAMPA, FL 33622

FEI Number: 59-3644720 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

EVDEMON II, MICHAEL S 3501 BESSIE COLEMAN BLVD #25362 TAMPA, FL 33630 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

FILED Apr 07, 2021

**Secretary of State** 

2166891659CC

## Officer/Director Detail:

Title PD

Name EVDEMON , MICHAEL S II

Address 3501 BESSIE COLEMAN BLVD.

#25362

City-State-Zip: TAMPA FL 33630

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: EVDEMON II , MICHAEL , S

PD

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date