

2023 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

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: MICHAEL EVDEMON

MANAGING PARTNER

01/20/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date