

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000015777

**Entity Name:** FLORIDA BEST QUOTE INSURANCE, INC.**Current Principal Place of Business:**10492 SPRING HILL DR  
SPRING HILL, FL 34608**Current Mailing Address:**312 16TH AVENUE  
INDIAN ROCKS BEACH, FL 33785 US**FEI Number:** 81-5089071**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GALISH, GLENN J  
10492 SPRING HILL DR  
SPRING HILL, FL 34608 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:** GLENN J GALISH

03/31/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	LAWRENSON, JOHN A
Address	46 SUNSET BAY DR
City-State-Zip:	BELLEAIR FL 33756

Title	VP
Name	LAWRENSON, JEANETTE B
Address	46 SUNSET BAY DR
City-State-Zip:	BELLEAIR FL 33756

Title	PRESIDENT
Name	GALISH, GLENN
Address	312 16TH AVE
City-State-Zip:	INDIAN ROCKS BEACH FL 33756

Title	S
Name	GALISH, KELLI
Address	312 16TH AVENUE
City-State-Zip:	INDIAN ROCKS BEACH FL 33785

*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:** GLENN GALISH

PRESIDENT

03/31/2021

Electronic Signature of Signing Officer/Director Detail

Date