

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000033863

Entity Name: QM INSURANCE SOLUTIONS INC

Current Principal Place of Business:

1321 SUMMERTREE CT
LONGWOOD, FL 32750

Current Mailing Address:

1321 SUMMERTREE CT
LONGWOOD, FL 32750

FEI Number: 83-4529671

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEAHEY, LORI
1321 SUMMERTREE CT
LONGWOOD, FL 32750 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 P
Name LEAHEY, LORI
Address 1321 SUMMERTREE CT
City-State-Zip: LONGWOOD FL 32750

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: LORI LEAHEY

PRESIDENT

01/20/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date