

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000060547

Entity Name: SCHRIBER INSURANCE, INC.

Current Principal Place of Business:

706 S. MAIN ST.
WILDWOOD, FL 34785

Current Mailing Address:

706 S. MAIN ST.
WILDWOOD, FL 34785

FEI Number: 84-2508073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLY, EDWARD J
110 LITTLE WEKIVA CT.
LONGWOOD, FL 32779 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 SCHRIBER, BRAD
Address 706 S. MAIN
City-State-Zip: WILDWOOD FL 34785

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: BRAD SCHRIBER

PRESIDENT

02/06/2021

Electronic Signature of Signing Officer/Director Detail

Date