## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006230

Entity Name: FISHMAN INSURANCE SERVICES, INC.

**Current Principal Place of Business:** 

2556 JASMINE WAY NORTH PORT. FL 34287

**Current Mailing Address:** 

PMB 408 1181 SOUTH SUMTER BLVD. NORTH PORT, FL 34287

FEI Number: 58-1470212 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISHMAN, STEVEN P 2556 JASMINE WAY NORTH PORT, FL 34287 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 Feb 05, 2023

**Secretary of State** 

4815096372CC

Officer/Director Detail:

Title PC Title ST

NameFISHMAN, STEVEN PNameFISHMAN, VIRGINIA AAddress2556 JASMINE WAYAddress2556 JASMINE WAYCity-State-Zip:NORTH PORT FL 34287City-State-Zip:NORTH PORT FL 34287

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: FISHMAN, STEVEN P

**PRESIDENT** 

02/05/2023