

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855243

1. Entity Name

UNITED NATIONAL INSURANCE AGENCY, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90115 021 \*\*\*150.00

Principal Place of Business

Mailing Address

5144 CENTRAL AVE  
 ST. PETERSBURG FL 33743  
 US

5144 CENTRAL AVE  
 P O BOX 41000  
 ST. PETERSBURG FL 33743-1000  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2164141

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

635080



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALONEY, JOHN L. ESQ.  
 3663 CENTRAL AVENUE  
 ST. PETERSBURG FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRANKLIN, MATTHEW T	
STREET ADDRESS	1274 N. CRESCENT HEIGHTS #109	
CITY-ST-ZIP	WEST HOLLYWOOD CA 90046	
TITLE	CPTS	<input type="checkbox"/> Delete
NAME	FRANKLIN, LARRY A.	
STREET ADDRESS	18201 GULF BLVD., UNIT 406	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	FRANKLIN, JANA	
STREET ADDRESS	18201 GULF BLVD., UNIT 406	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8556 Gregory Way #1	
CITY-ST-ZIP	Los Angeles, CA 90035	
TITLE	CPTS D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John L. Maloney*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2000 727 321-3662  
 Date Daytime Phone #

CR2E034 (9/99)