

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 374974

Entity Name: UNITED STATES WARRANTY CORP.**Current Principal Place of Business:**22 NE 22ND AVE
POMPANO BEACH, FL 33062**Current Mailing Address:**22 NE 22ND AVE
POMPANO BEACH, FL 33062**FEI Number:** 59-1651866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PD
Name MACEK, MARK A
Address 2700 SE 6 ST
City-State-Zip: POMPANO BCH FL 33062

Title TREASURER, DIRECTOR
Name CARIOLANO, GREGG
Address 14755 NORTH OUTER FORTY DRIVE
City-State-Zip: CHESTERFIELD MO 63017

Title ASST. SECRETARY
Name DOWNAR, MARK
Address 14755 NORTH OUTER FORTY DRIVE
City-State-Zip: CHESTERFIELD MO 63017

Title CEO, CHAIRMAN OF THE BOARD,
DIRECTOR
Name KARCHUNAS, M SCOTT
Address 14755 NORTH OUTER FORTY DRIVE
City-State-Zip: CHESTERFIELD MO 63017

Title SECRETARY, DIRECTOR
Name HACKETT, RICHARD
Address 14755 NORTH OUTER FORTY DRIVE
City-State-Zip: CHESTERFIELD MO 63017

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: MARK DOWNAR**ASSISTANT SECRETARY 04/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date