

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000009209

Entity Name: SECURED ASSURANCE WARRANTY, INC.**Current Principal Place of Business:**2800 U.S. HIGHWAY 98 N.
BARTOW, FL 33830**Current Mailing Address:**P.O. BOX 1700
BARTOW, FL 33831-1700 US**FEI Number: 81-1413415****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAW OFFICE OF RICHARD A. LOPEZ, P.A.
933 S. FLORIDA AVENUE
LAKELAND, FL 33803 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: RICHARD A. LOPEZ****03/23/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ROBLES, BENJAMIN JOSEPH
Address 2800 U.S. HIGHWAY 98 N.
City-State-Zip: BARTOW FL 33830

Title VP, DIRECTOR
Name ROBLES, BENJAMIN JACINTO
Address 2800 U.S. HIGHWAY 98 N.
City-State-Zip: BARTOW FL 33830

Title SECRETARY, TREASURER,
 DIRECTOR, CFO
Name BARRON, TIMOTHY CHASECHAD
Address 2800 U.S. HIGHWAY 98 N.
City-State-Zip: BARTOW FL 33830

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: TIMOTHY C. BARRON**SEC****03/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date