

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 855243

**Entity Name:** UNITED NATIONAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7100 ULMERTON ROAD, #400  
LARGO, FL 33771

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC5450351676**

**Current Mailing Address:**

P O BOX 3600  
SEMINOLE, FL 33775-3600 US

**FEI Number: 59-2164141**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MALONEY, JOHN LESQ.  
3862 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33711 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 VPD  
Name FRANKLIN, MATTHEW T  
Address 41 WINDWARD DRIVE  
City-State-Zip: CORTE MADERA CA 94925

Title CPTS  
Name FRANKLIN, LARRY A  
Address P O BOX 3600  
City-State-Zip: SEMINOLE FL 33775-3600

Title ASD  
Name FRANKLIN, JANA L  
Address P O BOX 3600  
City-State-Zip: SEMINOLE FL 33775-3600

Title D  
Name FRANKLIN, LARRY A  
Address P O BOX 3600  
City-State-Zip: SEMINOLE FL 33775-3600

*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: LARRY A FRANKLIN**

**PRESIDENT**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date