

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855243

1. Entity Name

UNITED NATIONAL INSURANCE AGENCY, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90005 042 ***150.00

Principal Place of Business

5144 CENTRAL AVE
ST. PETERSBURG FL 33743
US

Mailing Address

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALONEY, JOHN L. ESQ.
3862 3660 CENTRAL AVENUE
ST. PETERSBURG FL 33749-33711

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 *John L. Maloney*

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

(NOTE: Registered Agent signature required when reinstating)

4/19/01
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, 2001 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
NAME FRANKLIN, MATTHEW T
STREET ADDRESS 8556 GREGG BYWAY #1-1713 1/2 ADAMS ST.
CITY-ST-ZIP LOS ANGELES CA 90035 ST. HELENA CA 94574

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CPTS
NAME FRANKLIN, LARRY A.
STREET ADDRESS 18201 GULF BLVD., UNIT 406
CITY-ST-ZIP REDINGTON SHORES FL 33708

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ASD
NAME FRANKLIN, JANA
STREET ADDRESS 18201 GULF BLVD., UNIT 406
CITY-ST-ZIP REDINGTON SHORES FL 33708

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *James A. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
Date

727-321 3662
Daytime Phone #

CR2E034 (10/00)