

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90036 019 ***150.00

DOCUMENT # F98000005914**1. Entity Name****ANNUITYNET INSURANCE AGENCY, INC.****Principal Place of Business****108 G. SOUTH ST
LEESBURG VA 20174
US****Mailing Address****108 G. SOUTH STREET
LEESBURG VA 20174
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 35-2058354

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525****7. Name and Address of New Registered Agent**

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, 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHALKE, SHANE A	
STREET ADDRESS	108-G SOUTH ST.	
CITY-ST-ZIP	LEESBURG VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOYNTON, JUNE W	
STREET ADDRESS	108 G SOUTH ST	
CITY-ST-ZIP	LEESBURG VA 20175	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROSE, CYNTHIA A	
STREET ADDRESS	1300 SO. CLINTON ST	
CITY-ST-ZIP	FORT WAYNE IN 46802	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHRZAN, JANET	
STREET ADDRESS	200 E BERRY ST	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOSCIA, JON	
STREET ADDRESS	1500 MARKET ST, SUITE 3900	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, RICHARD C	
STREET ADDRESS	1500 MARKET ST., SUITE 3900	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2112	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chaiké Shane A.	
STREET ADDRESS	108-G South St.	
CITY-ST-ZIP	Leesburg, VA 20175	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	June W. Boynton	
STREET ADDRESS	108-G South Street	
CITY-ST-ZIP	Leesburg, VA 20175	
TITLE	V/S Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey P. Hahn	
STREET ADDRESS	108-G South Street	
CITY-ST-ZIP	Leesburg, VA 20175	
TITLE	T/D Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl A. Serger	
STREET ADDRESS	108-G South Street	
CITY-ST-ZIP	Leesburg, VA 20175	
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:** June W. Boynton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June W. Boynton1/18/01

Date

703-669-1170

Daytime Phone #

CR2E034 (10/00)