

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91190 012 ***150.00

05/8/74 AT

DOCUMENT # F98000005914

1. Entity Name

ANNUITYNET INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

**108 G. SOUTH ST
 LEEBURG VA 20174
 US**

**108 G. SOUTH STREET
 LEEBURG 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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHALKE, SHANE A 108-G SOUTH ST. LEESBURG VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYNTON, JUNE W 108 G SOUTH ST LEESBURG VA 20175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE, CYNTHIA A 1300 SO. CLINTON ST FORT WAYNE IN 46802	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRZAN, JANET 200 E BERRY ST FORT WAYNE IN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSCHIA, JON 1500 MARKET ST, SUITE 3900 PHILADELPHIA PA 19102-2112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, RICHARD C 1500 MARKET ST., SUITE 3900 PHILADELPHIA PA 19102-2112	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V Jeffrey P. Hahn 108-G South Street Leesburg, VA 20175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S Jeffrey P. Hahn 108-G South Street Leesburg, VA 20175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Carl A. Serger Treasurer 108-G South Street Leesburg, VA 20175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Jeffrey P. Hahn 108-G South Street Leesburg, VA 20175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Carl A. Serger 108-G South Street Leesburg, VA 20175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Jeffrey P. Hahn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/02

703.443.2900

CR2E034 (9/01)