

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

P02000110036

DOCUMENT # **P02 000110036**

1. Entity Name
Federal Annuity Insurance Corp.



FILED

03 MAY 12 PM 1:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2901 Clint Moore Rd. # 253
BOCA RATON, FL
City & State
33496 Zip
USA Country

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
113657504
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
300018797223
City
05/12/03--01003-FL Zip **06150.00**

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. I am familiar with, and agree to the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LARRY T. GROFF (above)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONALD DOBRADZIEJ, V.P. (same) 212 TRACE CRT, R. P. B., FL. 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Larry T. Groff, President** 5/1/03 **954-588-0716**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)