

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90130 024 ***150.00

DOCUMENT # P97000071536

1. Entity Name
AMERICAN STRATEGIC INSURANCE CORP.



Principal Place of Business
**1325 SNELL ISLE BLVD
SUITE 211
ST PETERSBURG FL 33704
US**

Mailing Address
**1325 SNELL ISLE BLVD
SUITE 211
ST PETERSBURG FL 33704
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3459912**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILKEY, KEVIN
1325 SNELL ISLE BLVD, SUITE 211
ST PETERSBURG FL 33704**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete

NAME **CS FASTEAU, MARC**

STREET ADDRESS **151 WEST 86TH STREET**

CITY-ST-ZIP **NEW YORK NY 10024**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **D NASON, ROBERT**

STREET ADDRESS **45 REID STREET**

CITY-ST-ZIP **HAMILTON BE 07728**

TITLE Change Addition

NAME **D Nason, Robert**

STREET ADDRESS **Seaview House 70 Seaview Avenue**

CITY-ST-ZIP **Stamford, CT. 06902-6040**

TITLE Delete

NAME **D CLEMENTS, JOHN**

STREET ADDRESS **20 HORSENECK LANE**

CITY-ST-ZIP **GREENWICH CT 06830**

TITLE Change Addition

NAME **D Greg Hendrick**

STREET ADDRESS **1 Bermudiana Road**

CITY-ST-ZIP **Hamilton HM EX Bermuda**

TITLE Delete

NAME **D KING, JOSEPH**

STREET ADDRESS **20 HORSENECK LANE**

CITY-ST-ZIP **GREENWICH CT 06830**

TITLE Change Addition

NAME **D King, Joseph**

STREET ADDRESS **55 Madison Avenue**

CITY-ST-ZIP **MORRISTOWN, NJ. 07962**

TITLE Delete

NAME **DPT AUER, JOHN F**

STREET ADDRESS **4801 LANSING ST N.E.**

CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE Change Addition

NAME **DPT Auer, John F.**

STREET ADDRESS **1281 Snell Isle Blvd NE**

CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE Delete

NAME **D CONNELL, KENNETH BRUCE**

STREET ADDRESS **18 QUEEN STREET**

CITY-ST-ZIP **HAMILTON BE**


TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **3/12/03** Daytime Phone # **(727) 821-8765 x202**

CR2E034 (1/0/02)