

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59575

1. Entity Name

ADMIRAL NO-FAULT INSURANCE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90031 047 ***150.00

Principal Place of Business

Mailing Address

901 W. INDIANTOWN RD., STE. 16
JUPITER FL 33458
US

P.O. BOX 1870
PALM CITY FL 34991-6870
US

2. Principal Place of Business

3. Mailing Address

206 US Hwy 1
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Park FL

Zip

Country

Zip

Country

33403

USA

4. FEI Number 65-0125760

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

DALY, FRANK P
5547 SW CORAL TREE LN
PALM CITY FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
34990

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, 2000 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 ☐ Delete
NAME PDALY
STREET ADDRESS DALY, FRANK P
CITY-ST-ZIP 5547 SW CORAL TREE LN
PALM CITY FL 34990

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

TITLE ☐ Delete
NAME VPST DALY
STREET ADDRESS DALY, FRANK P
CITY-ST-ZIP 5547 SW CORAL TREE LN
PALM CITY FL 34990

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)