FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90817 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59575

1. Entity Name
ADMIRAL NO-FAULT INSURANCE, INC.

Principal Place of Business	Mailing Address
982 SW BLUE STEM WAY STUART, FL 34997 US	P.O. BOX 1256 STUART, FL 34995 US

2. Principal Place of Business		3. Mailing Address	
4352 SE Federal Hwy		PO Box 880787	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Stuart FL		City & State: PT St Lucie FL	
Zip: 34997	Country: USA	Zip: 34988	Country: USA

☐ CHECK HERE IF MAKING CHANGES

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
DALY, FRANK P
982 SW BLUE STEM WAY
STUART, FL 34997

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 1653 SW Harbour Isles Circle
City PT St Lucie FL Zip Code 34986

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

FILING 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST DALY, FRANK P 982 SW BLUE STEM WAY STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Daly, Frank P 1653 SW Harbour Isles Cir PT St Lucie FL 34986	☒ Change ☐ Addition
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CR2E034 (10/02)

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: Frank P. Daly Pres 4/28/03 772 3365430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #