## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000004703 1. Entity Name

ADMIRALTY INSURANCE SERVICES, L.L.C.

Principal Place of Business

Mailing Address

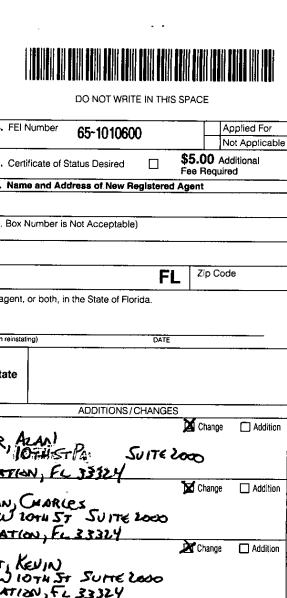
7000 W. PALMETTO PARK ROAD, SUITE 600 **BOCA RATON FL 33433** 

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**BOCA RATON FL 33433** 

## **FILED** Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90225 036 \*\*\*\*50.00



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Principal Place of Business     3. Mailing Address								
			1000 SW 10TH ST		00111	() <b>48</b> 111 <b>4</b> 1811 18811 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TH	IS SPACE		
City & Stat	e	City & State		4. FEI Number	CE 1010000	T A	pplied For	
		L PLANTATION	LANTATION, FL		4. FEI Number 65-1010600		Not Applicable	
Zip	Country	Zip 33324	Country V5A	5. Certificate of S	Status Desired	\$5.00 Ad		
	6. Name and Address of Curren	t Registered Agent		7. Name and Ad	dress of New Registere			
	· · · · · ·		Name					
CO	RPORATION SERVICE COMPANY	Chun a A A al al a	Characteristics (D.O. St. M. J. Marie and C.O. St. Marie and C.O.					
1201 HAYS STREET			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
TAL	LAHASSEE FL 32301-2525				· · · · · · · · · · · · · · · · · · ·			
			City					
			City		F	Zip Cod	le	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or both, in	the State of Florida.			
			· ·	, , , , , ,			•	
SIGNATURE .								
<del></del>	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	DATE	E		
		FILE N	OW!!! FEE IS \$50.0	10				
			ayable to Departmen	t of State				
		Du	e By May 1, 2002					
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CHANG	ES	· · ·	
TITLE	P	☐ Delete	TITLE			<b>Change</b>	☐ Addition	
NAME	CHESLER, ALAN		NAME CHE	SUR ALAN	~			
STREET ADDRESS	7000 W. TALMETTO PK ND, STE 000			SUR ALAN OW 10 HIS	rPA: SUITE	ठळ		
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	NTATION FL	33324			
TITLE	<b>S</b>	☐ Delete	TITLE S	DMAN, CHARCES		Change	Addition	
NAME	GOLDMAN, CHARLES		NAME GOC	DMAN, CHARC	e.s	•	_	
STREET ADDRESS	7000 W. 1 ALMETTO 1 K (ID, OTE 000				SU ITE LOWO	1		
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP PL	WTATION, FL	. 3.3324			
TITLE	. T	- Delete	TITLE	-		Change	☐ Addition	
NAME	SACKET, KEVIN		NAME SA	KET, KEVIN	Surre Leso			
STREET ADDRESS CITY-ST-ZIP	7000 W. PALMETTO PK RD, ST	TE 600	STREET ADDRESS	05W10745	r Sume Losso			
	BOCA RATON FL		CITY-ST-ZIP	WTATION, FL	- 33324			
TITLE *		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS				1	
<del> </del>			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
			····		· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ Delete	TITLE			Change	T Addition	

11. 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 is true and accurate and that my fignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyeded to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #