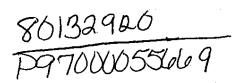
## FILED Jul 21, 2003 8:00 am Secretary of State

07-21-2003 90359 032 \*\*\*150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000055669 1. Entity Name
ADMIRAL INSURANCE, INC. Principal Place of Business Mailing Address 16700 N.W. 27TH AVENUE 345 SW 66 AVENUE MIANI, FL 33056 PEMBROKE PINES, FL 33023 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0764400 Not Applicable Country \$8.75 Additional Fee Required Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Age 5400 S UNIVERSITY OR Street Address (P.O. Box Number is Not Acceptable) DAVIE, FL 33328 FL Zip Code Cit 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 SIGNATURE Signature, systetion primed name of segmented again and tide if applicable FILE NOWAL FEETS \$16000 Anengiay 2 2003 Fee will best60.00 T Make Check Bayable to Fland will open manifest State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD Change Addition TITLE ☐ Delete TITLE LAVECCHIA, ANGELO R NAME NAME 345 SW 66 AVENUE STREET ADDRESS CITY ST ZP PEMBROKE PINES, FL 33023 CITY-ST-ZIP TITLE Deleie TITLE Change Addition . NAME LAVECCHIA, SUE NALAS STREET ADDRESS 345 SW 66 AVENUE STREET ADDRESS CITY ST-2P PEMBROKE PINES, FL 33023 Cf1Y-S1-2)P TITLE Change TITLE Addition ☐ Delele NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-2P CITY-ST-ZIP TITUE Delete TITLE NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CAY-51-21P 🔲 Delete TITLE ☐ Change 🔲 Addition NAME STREET ADDRESS STREET ADDRESS CITY-51-2P COY-S1-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-2P ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information document and that my signature shall have the same legal effect as if made under oath; that I am an officier or director by execute this report as required by Chapter 607, Florida statutes, and that my name appears in Block 10 or Block 11 SIGNATUBE



ADMIRAL INSURANCE, INC. 16700 NW 27<sup>TH</sup> AVENUE MIAMI, FL 33055 305-621-2939

JULY 7, 2003

UNIFORM BUSINESS REPORT 2003 FLORIDA DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

DEAR SECRETARY OF STATE/FLORIDA:

PLEASE BE ADVISED THAT I NEVER RECEIVED THE ORIGINAL FILING FORMS FOR MY 2003 UNIFORM BUSINESS REPORT. I WAS NOT AWARE THAT THIS FORM HAD NOT BEEN FILED UNTIL I MY APPOINTMENT WITH MY ACCOUNTANT. WHEN HE ASKED IF THE FORM HAD BEEN FILED I REALIZED I NEVER RECEIVED THE FORM.

ENCLOSED PLEASE FIND THE ABOVE MENTIONED FORM, WHICH I HAVE DOWNLOADED AS WELL AS A CHECK IN THE AMOUNT OF THE ORIGINAL \$ 150.00 TO RENEW MY CORPORATION. I HAVE SINCE BEEN ADVISED THAT THIS IS AN ANNUAL FORM AND SHOULD BE FILED NO LATER THAN APRIL 30 OF THE CURRENT TAX YEAR. PLEASE ACCEPT MY APOLOGIES. IF THE ORGINAL FORMS WERE RECEIVED THEY WOULD HAVE BEEN FILED ON A TIMELY BASIS.

IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CONTACT MY CPA:

BERNARD DODDO, CPA 5400 S. UNIVERSITY DRIVE, # 403 DAVIE, FL 33328 PHONE# 954-680-4818

MR. DODDO HAS RECORDS OF ALL OUR CORPORATION PAPERWORK IN HIS FILES.

IF I CAN BE OF FURTHER ASSISTANCE, PLEASE DO NOT HESITATE TO CONTACT ME AT ANYTIME.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER.

SINCERELY,

ADMIRAL INSURANCE, INC.

ANGELO R. LAVECCHIA

**PRESIDENT**