

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM****Secretary of State****DOCUMENT # P95000089489**1. Entity Name
APPLE INSURANCE MALL OF BOYNTON BEACH, INC.

Principal Place of Business

325 N FEDERAL HWY

BOYNTON BCH

33435

FL

US

Mailing Address

101 N MISSOURI AVE

STE 2

CLEARWATER

33755

FL

US

2. Principal Place of Business

901 N. CONGRESS AVENUE

3. Mailing Address

2519 MCMULLEN BOOTH ROAD

Suite, Apt. #, etc.

SUITE D101

Suite, Apt. #, etc.

SUITE 508

City & State

BOYNTON BCH

FL

City & State

CLEARWATER

FL

Zip

33436

Country

US

Zip

33761

Country

US

4. FEI Number

65-0618836

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCVEIGH PAMELA
101 N. MISSOURI AVE., STE 2

CLEARWATER

33755

FL

US

7. Name and Address of New Registered Agent

Name

MCVEIGH PAMELA

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

2519 MCMULLEN BOOTH ROAD

SUITE 508

City

CLEARWATER

FL

Zip Code

33761

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)

02/26/2001

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, 2001 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

TITLE	P	☐ Delete
NAME	NAUGHTON JOHN J	
STREET ADDRESS	101 N MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VS	☐ Delete
NAME	MCVEIGH PAMELA	
STREET ADDRESS	101 N. MISSOURI AVE., STE 2	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	NAUGHTON JOHN J	
STREET ADDRESS	4605 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VS	☒ Change ☐ Addition
NAME	MCVEIGH PAMELA	
STREET ADDRESS	2519 MCMULLEN BOOTH ROAD SUITE 508	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Pamela M. McVeigh

VS

02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)