

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000089497**1. Entity Name
APPLE INSURANCE MALL OF ST. PETERSBURG, INC.

Principal Place of Business 3535 CENTRAL AVE ST. PETERSBURG 33713	FL US	Mailing Address 101 N. MISSOURI AVE STE 2 CLEARWATER 33755	FL US
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2. Principal Place of Business

3. Mailing Address
2519 MCMULLEN BOOTH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 508

City & State

City & State
CLEARWATER FL

Zip Country

Zip Country
33761 US4. FEI Number
59-3342907Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCVEIGH PAMELA
101 N. MISSOURI AVE. STE. 2CLEARWATER FL
33755 US**7. Name and Address of New Registered Agent**Name
MCVEIGH PAMELAStreet 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 _____ 02/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	NAME	NAUGHTON JOHN J	<input type="checkbox"/> Delete
STREET ADDRESS			101 N. MISSOURI AVE	
CITY-ST-ZIP			CLEARWATER FL 33755	

TITLE	SD	NAME	MCVEIGH PAMELA	<input type="checkbox"/> Delete
STREET ADDRESS			101 N. MISSOURI AVE. STE. 2	
CITY-ST-ZIP			CLEARWATER FL 33755	

TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	NAUGHTON JOHN J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4605 S. TAMiami TRAIL	
CITY-ST-ZIP			SARASOTA FL 34231	

TITLE	SD	NAME	MCVEIGH PAMELA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2519 MCMULLEN BOOTH ROAD SUITE 508	
CITY-ST-ZIP			CLEARWATER FL 33761	

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SD

02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)