

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/2

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90143 039 ***400.00
07-21-2003 90128 014 ***150.00

DOCUMENT # P96000047925

1. Entity Name

APPLE INSURANCE MALL OF VENICE, INC.



Principal Place of Business
5201 PARK BLVD.
PINELLAS PARK FL 33781

Mailing Address
5201 PARK BLVD.
PINELLAS PARK FL 33781

10110661

2. Principal Place of Business

ABOVE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0665490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND, J. PAUL
625 COURT ST., STE. 200
CLEARWATER FL 33756

Name

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

City

FL

Zip Code

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

FILE NOW!!! 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 VS
NAME MCVEIGH, PAMELA ☒ Delete
STREET ADDRESS 2519 MCMULLEN BOOTH ROAD
CITY-ST-ZIP CLEARWATER FL 33781

TITLE CFO
NAME MARK KAPLAN ☐ Change ☒ Addition
STREET ADDRESS 5201 PARK BLVD
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE C
NAME VANDERPUTTEN, LEROY A ☐ Delete
STREET ADDRESS 4605 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

REMARKS: CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)