			INESS REPO	ORT	(UBI			
DOCUMENT # P96000047928 1. Entity Name APPLE INSURANCE MALL OF CLEARWATER, INC.						Feb 26, 2001 08:00 AM Secretary of State		
Principal Place		s	Mailing Address 101 N. MISSOURI AVE STE 2					
CLEARWATER FL 34615			CLEARWATER 33755	us	FL			
2. Principal P		ness	3. Mailing Address 2519 MCMULLEN BOOTH ROAD			-		
Suite, Apt.	#, etc.		Suite, Apt. #, etc. suite 508			DO NOT WRITE IN THIS SPACE		
City & State CLEARWATER FL			City & State CLEARWATER FL		FL	4. FEI Number Applied For 59-3378448 Not Applicable		
Zip 33755		Country	Zip 33761	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent	a: -	Name	7. Name and Address of New Registered Agent		
MCVEIGH PAMELA 101 N. MISSOURI AVE., STE 2					MCVEIO Street A	GH PAMELA ddress (P.O. Box Number is Not Acceptable) MULLEN BOOTH ROAD		
CLEARWATER FL 33755 US					SUITE 508			
8. The above	named entit	v submits this statement fo	r the purpose of changing it	s register	CLEARY			
9. This corpo	oration is elig	or printed name of registered agent ible to satisfy its Intangible and elects to do so.	1, Kg 12 4-12	/!!! FEE 001 Fee	IS \$150. will be \$!	50.00 Special Trust Fund Contribution Special Added to Feed		
11.		OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS	P NAUGHT 101 N. MI	ON JOHN J SSOURI AVE	☐ Delete	TITU		P		
CITY-ST-ZIP	CLEARW		FL 33755		- ST-ZIP			
TITLE NAME STREET ADDRESS	VPS MCVEIG 101 N. MI	H PAMELA SSOURI AVE., STE 2	☐ Delete	TITLI NAM STRE		VPS Change Addition MCVEIGH PAMELA 2519 MCMULLEN BOOTH ROAD SUITE 508		
CITY-ST-ZIP	CLEARW	ATER	FL 33755	CITY	- ST-ZIP	CLEARWATER FL 33761		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1		☐ Change ☐ Addition		
of the cor	poration or t	n or supplemental report is ne receiver or trustee emod	s true and accurate and that	my signai t as requi	i iro enali n	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if		

VPS

02/26/2001 Date

Daytime Phone #

SIGNATURE: Pamela M. McVeigh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR