2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000047932 1. Entity Name APPLE INSURANCE MALL OF BRADENTON, INC.							FIL	_ED		
						00 JAN 24 AM 9: 25				
Principal Plac	e of Business	Mailing Address				Sagretary of State Taggaria Soes, Fuorida				
6233A 14TH ST W BRADENTON FL 34207		101 NORTH MISSOURI AVENUE SUITE 2 CLEARWATER FL 33755-4832 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	65-0665496		Applied For Not Applicab	le	
Zìp	Country	Zip	Count	ry			f Status Desired	Fee Req	Additional uired	
	6. Name and Address of Current I	Registered Agent	-	Name		7. Name and A	Address of New Reg	istered Agent		\dashv
MCVEIGH, PAMELA					ddress (P.O. Box Number is Not Acceptable)					
	n Federal Hwy Nton Beach FL 33435			101	N. Missouri are Ste 2					┪
				CIMIC	aruy	ater			2755	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or	registere	d agent, or both	, in the State of Floric	ia.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E. Registered	Agent signatu	re required v	when reinstating)		DATE		
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee v	vill be \$5	50.00	Trus	tion Campaign Finan t Fund Contribution.	·	5.00 May Be ided to Fees	
11.	OFFICERS AND	DIRECTORS	12.	<u></u>		ADDITIONS/C	CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 11	ゴ
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NAME STREET ADDRESS CITY-ST-ZIP	NAUGHTON, JOHN J 101 NORTH MISSOURI AVENUE	∟l Delete		et address ST-Zip		5	00003 -02/04 ****1	12377 /000102	7 9 1 8003	5
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13. Lhereby	certify that the information supplied with	this filing does not qualify fo	r the exer	nption stat	ed in Sec	ction 119.07(3)(i	, Florida Statutes. I fu	urther certify that t	he information	_

13. Thereby certify that the information supplied with this filling does not qualify for the exhiption stated in this report or suppliemental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 (727)462, 8087₀
Dayline Phone #