

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000047932**1. Entity Name  
APPLE INSURANCE MALL OF BRADENTON, INC.

|                                                                          |                                                                                |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br>6233A 14TH ST W<br><br>BRADENTON FL 34207 | Mailing Address<br>101 NORTH MISSOURI AVENUE<br>SUITE 2<br>CLEARWATER FL 33755 |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|

2. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
2519 MCMULLEN BOOTH ROAD  
SUITE 508City & State  
CLEARWATER FLZip Country  
33761 US4. FEI Number  
**65-0665496**  
Applied 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 Agent**MCVEIGH PAMELA  
101 N. MISSOURI AVE. STE. 2  
  
CLEARWATER FL 33755 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 \_\_\_\_\_ 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 State**10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

|                                                |                                                                                                             |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>NAUGHTON JOHN J<br>101 NORTH MISSOURI AVENUE<br>CLEARWATER FL 33755 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>MCVEIGH PAMELA<br>101 N. MISSOURI AVE. STE. 2<br>CLEARWATER FL 33755 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                                                                                                                                 |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>NAUGHTON JOHN J<br>4605 S. TAMiami TRAIL<br>SARASOTA FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>MCVEIGH PAMELA<br>2519 MCMULLEN BOOTH ROAD SUITE 508<br>CLEARWATER FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |

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

VPS 02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)