2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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DOCUMENT # P9700047297  1. Entity Name APPLE INSURANCE MALL OF PINELLAS PARK, INC.						08-04-2003 90143 031 ***400.00 07-21-2003 90128 039 ***150.00				
Principal Place of Business Mailing Address						Ta11086	9			
5201 PARK B		5201 PARK BLVD.								
PINELLAS PA	RK FL 33761	PINELLAS PARK FL 33	761				i Limitoire	million may		
2. Principal P	lace of Business	3. Mailing Address				1 agg Hilliam	ting the p		garajing (je	1
	ABOVC	ABOIC								==
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State			4.	4. FEI Number 59-3447307 Applied For Not Applied				<u></u>
Zip	Country	Zip Co		ntry	5.	Certificate of Status Desired	\$8.75 Additional			
6. Name and Address of Current Registered Agent					7.	Name and Address of New Re	gistered Aq	jent		1
ا الله الله الله الله الله الله الله ال				Name	Sarra Inggar					7
RAYMOND, J. PAUL				Street Ac	dress (P.O. I	Box Number is Not Acceptable)				1
625 COURT STREET, STE. 200										_]
CLEARWA	ATER FL 33756									١
				City			FL	Zip Code	e	7
2 The chave	named entity submits this statement for		ita samintos			nest as hath in the State of Slove				4
	named entity submits this statement to ions of registered agent.	gripose or changing	ne leðistal	ea omce or	ieđizisiso 9ć	gent, or both, in the State of Flori	ua. Tamar	miler with,	ano accept	
·	** .				,			•		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registere	d Agent signatu	re required when i	reinstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00	<del></del> -								1
After May 1, 2003 Fee will be \$550.00						<ol> <li>Election Campaign Fina Trust Fund Contribution.</li> </ol>			May Be	
Make Check	Payable to Florida Department of	f State				nost Puna Contribution.	J	Added	110 Fees	
10.	OFFICERS AND	DIRECTORS	11,			ODITIONS/CHANGES TO OFFIC	ERS AND D	RECTORS	3 IN 11	]_
TITLE	C	Delete	, TRU	- 1	cro		C	Change	Addition	10/02
NAME	VANDERPUTTEN, LEROY A		NAM	,		KAPLAN				13
STREET ADDRESS CITY-ST-ZIP	4605 S. TAMIAMI TRAIL   SARASOTA FL 34231			ET ADDRESS - ST-ZIP	5201	PARK BLUD.	. 4.			Ş
					PRASI	LYS PARK PL 3		<del></del>		
TITLE NAME	VPS MCVEIGH, PAMELA M	CEZ Delete	TIIL!	- 1			L	Change	Addition	15
STREET ADDRESS 2519 MCMULLEN BOOTH ROAD SUTTE 508			_	ET ADDRESS						1
CITY-ST-ZIP	CLEARWATER FL 33761			-ST-ZIP						
TITLE		C] Delete	TITU				Г	] Change	☐ Addition	1
NAME			NAM	1						-
STREET ADDRESS			•	ET ADORESS		···				
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NAME			NAM	r I						í

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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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7/18/33

Daytme Phone #

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