

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21

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

08-04-2003 90143 036 ***400.00
07-21-2003 90128 010 ***150.00

DOCUMENT # P97000057867

1. Entity Name
APPLE INSURANCE MALL OF LAKE PARK, INC.



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

Mailing Address
**5201 PARK BLVD.
PINELLAS PARK FL 33781**

10110004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0763048**

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

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

TITLE
NAME **VS MCVEIGH, PAMELA M** ☒ Delete
STREET ADDRESS **2519 McMULLEN BOOTH ROAD SUITE 508**
CITY-ST-ZIP **CLEARWATER FL 33781**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT: MARK KAPLAN CFO

7/18/03

813-731-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)