

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000037686**1. Entity Name
APPLE INSURANCE MALL OF CASSAT, INC.

Principal Place of Business 1505 CASSAT AVE JACKSONVILLE 32205 US	FL	Mailing Address 101 N MISSOURI AVE SUITE 2 CLEARWATER 33755 US	FL
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2. Principal Place of Business

3. Mailing Address
2519 MCMULLEN BOOTH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 508

City & State

City & State
CLEARWATER FL

Zip Country

Zip Country
33761 US4. FEI Number
59-3509468Applied 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

RAYMOND J. PAUL
625 COURT STREET SUITE 200CLEARWATER FL
33756 US

7. Name and Address of New Registered Agent

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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VSTD	☐ Delete
NAME	MCVEIGH PAMELA M	
STREET ADDRESS	101 N. MISSOURI AVE., STE 2	
CITY-ST-ZIP	CLEARWATER FL 33755	

TITLE	P	☐ Delete
NAME	NAUGHTON JOHN J	
STREET ADDRESS	101 N MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33755	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSTD	☒ Change ☐ Addition
NAME	MCVEIGH PAMELA M	
STREET ADDRESS	2519 MCMULLEN BOOTH ROAD SUITE 508	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE	P	☒ Change ☐ Addition
NAME	NAUGHTON JOHN J	
STREET ADDRESS	4605 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	

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

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

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

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

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

VSTD 02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)