2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000037695**

1. Entity Name
APPLE INSURANCE MALL OF NORTHSIDE, INC.

Principal Place of Business	Mailing Address
1440-32 DUNN AVE JACKSONVILLE FL 32218	101 N. MISSOURI AVE STE 2 CLEARWATER FL 33755

DO NOT WRITE IN THIS SPACE

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 33761	Country

4. FEI Number 59-3509470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND J. PAUL
625 COURT STREET SUITE 200
CLEARWATER 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) DATE

9. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete NAUGHTON JOHN J 101 N. MISSOURI AVE CLEARWATER FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition NAUGHTON JOHN J 4605 S. TAMIAMI TRAIL SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ☐ Delete MCVEIGH PAMELA M 101 N. MISSOURI AVE. STE. 2 CLEARWATER FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ☒ Change ☐ Addition MCVEIGH PAMELA M 2519 MCMULLEN BOOTH ROAD SUITE 508 CLEARWATER FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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 VS 02/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #