

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000037704**1. Entity Name
APPLE INSURANCE MALL OF REGENCY, INC.

Principal Place of Business

1647 ST JOHNS BLUFF RD

JACKSONVILLE

32246

FL

Mailing Address

101 N. MISSOURI AVE

STE 2

CLEARWATER

33755

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2519 MCMULLEN BOOTH ROAD

Suite, Apt. #, etc.

SUITE 508

City & State

CLEARWATER

FL

Zip

33761

Country

4. FEI Number

59-3509473

Applied For

Not Applicable

5. 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 200

CLEARWATER

33756

US

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/26/2001

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME NAUGHTON JOHN J
STREET ADDRESS 4605 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34231TITLE VSTD ☒ Change ☐ Addition
NAME MCVEIGH PAMELA M
STREET ADDRESS 2519 MCMULLEN BOOTH ROAD SUITE 508
CITY-ST-ZIP CLEARWATER FL 33761TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)