

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-04-2003 90143 024 \*\*\*400.00  
07-21-2003 90128 012 \*\*\*150.00

<b>DOCUMENT # P98000037709</b>			
<b>1. Entity Name</b> APPLE INSURANCE MALL TAX SERVICES, INC.			
<b>Principal Place of Business</b> 1801 N. MAIN ST JACKSONVILLE FL 32206 US		<b>Mailing Address</b> 5201 PARK BLVD PINELLAS PARK FL 33781 US	
<b>2. Principal Place of Business</b> 5201 PARK BLVD		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> PINELLAS PARK FL		<b>City &amp; State</b>	
<b>Zip</b> 33781		<b>Country</b> USA	
<b>6. Name and Address of Current Registered Agent</b> RAYMOND, J. PAUL 625 COURT STREET SUITE 200 CLEARWATER FL 33758		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>C</b> <b>VANDERPUTTEN, LEROY A</b> 4605 S. TAMiami TRAIL SARASOTA FL 34231	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CFO</b> <b>MARK KAPLAN</b> 5201 PARK BLVD PINELLAS PARK FL 33781
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VSTD</b> <b>MCVEIGH, PAMELA M</b> 2519 McMULLEN BOOTH ROAD SUITE 508 CLEARWATER FL 33781	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>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.</b>			
<b>SIGNATURE:</b> <u>MARK KAPLAN</u> <b>REQUIRE</b>		<b>7/12/03</b> <b>734-7710</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)