

# 2001 UNIFORM BUSINESS REPORT (UBR)

0597088

DOCUMENT # F93000004040

1. Entity Name

~~THE PRODUCERS MARKETING GROUP, P.A.~~ - NAME CHANGED TO  
INSURANCE SOLUTIONS GROUP, INC.

Principal Place of Business

POST OFFICE BOX 13928  
JACKSON MS 39236-3928

Mailing Address

POST OFFICE BOX 13928  
JACKSON MS 39236-3928

2. Principal Place of Business

4915 I-55 NORTH

3. Mailing Address

Suite, Apt. #, etc.

BUILDING D

Suite, Apt. #, etc.

City & State

JACKSON MS

City & State

Zip  
39206

Country  
US

Zip

Country

4. FEI Number 64-0832313

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

CARUCCI, MICHAEL  
4400 NW 20 EAST  
STE 310  
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

4502 HIGHWAY 20 EAST

SUITE B

City  
NICEVILLE

FL

Zip Code  
32578

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)

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 PS  
STREET ADDRESS PACE, T. MARK  
CITY-ST-ZIP 65 N. CROWNPOINTE DR  
JACKSON MS 39211 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS MURRAY, TERRY M  
CITY-ST-ZIP 4915 I-55 N, BLDG D  
JACKSON MS 39206 ☒ Delete

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

TITLE  
NAME D  
STREET ADDRESS WALL, MARK D  
CITY-ST-ZIP 4915 I-55 N, BLDG D  
JACKSON MS 39206 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003673314--1  
CITY-ST-ZIP -02/12/01--01005--002  
\*\*\*\*193.75 \*\*\*\*150.00

TITLE  
NAME D  
STREET ADDRESS YOUNG, CLIFTON B  
CITY-ST-ZIP 4915 I-55N, BLDG D  
JACKSON MS 39206 ☐ Delete

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

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 empowerments.

SIGNATURE:

T. MARK PACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. PAYNE FEB 9 - 2001

1/4/01

601-362-9546

CR2E034 (10/00)

FILED  
01 FEB -9 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE