

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91527 016 \*\*\*150.00

DOCUMENT # P000000087791 ✓  
1. Entity Name  
THE INSURANCE GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1575 MAIN ST.  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DUNEDIN, FLA.  
Zip  
34698 Country  
PINEHILLS

4. FEI Number  
59-3669306 Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
JAMES A. LANG, C.E.O.  
Street Address (P.O. Box Number is Not Acceptable)  
1575 MAIN ST.  
City  
DUNEDIN FL Zip Code  
34698

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] DATE 4/22/02  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>C.E.O.</u> <u>JAMES A. LANG</u> <u>1575 MAIN STREET</u> <u>DUNEDIN, FLA, 34698</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>D. CHASTEK</u> <u>1575 MAIN STREET</u> <u>DUNEDIN, FLA, 34698</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 - MAIL ONLY -  
Date Daytime Phone #

CR2E034B (12/01)

# ATTACHMENT

644035

4/17/02 CORPORATE DETAIL RECORD SCREEN 3:00 PM  
NUM: P00000087791 ST: FL ACTIVE/FL PROFIT FLD: 09/14/2000  
LAST: NAME CHANGE AMENDMENT FLD: 05/07/2001  
FEI#: 59-3669306  
NAME : THE INSURCARE GROUP, INC.  
NH: 1  
PRINCIPAL: 303 MAIN ST #1092 CHANGED: 04/26/01  
ADDRESS SAFETY HARBOR, FL 34695  
RA NAME : CHASTEK, DALE E  
RA ADDR : 303 MAIN ST #1092 ADDR CHG: 04/26/01  
SAFETY HARBOR, FL 34695  
ANN REP : (2001) A 04/26/01

4/17/02 OFFICER/DIRECTOR DETAIL SCREEN 3:01 PM  
CORP NUMBER: P00000087791 CORP NAME: THE INSURCARE GROUP, INC.  
TITLE: P NAME: CHASTEK, DALE E  
303 MAIN ST #1092  
SAFETY HARBOR, FL 34695