

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91621 034 ***550.00

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DOCUMENT # P96000103608

1. Entity Name

INSURANCE MANAGEMENT SOLUTIONS GROUP, INC.

Principal Place of Business

**360 CENTRAL AVENUE
 ST PETERSBURG FL 33701**

Mailing Address

**PO BOX 33005
 ST PETERSBURG FL 33733-8005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3422536**

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

**BREAKIRON, CHRISTOPHER P
 360 CENTRAL AVENUE
 ST PETERSBURG FL 33701**

Name

Marando, Anthony R.

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

360 Central Avenue

St. Petersburg, FL 33701

City

St. Petersburg

FL

Zip Code
33701

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 **Anthony R. Marando, CFO/Secretary**

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, 2002 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 **D** ☐ Delete
 NAME **MENKE, ROBERT M**
 STREET ADDRESS **360 CENTRAL AVE**
 CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **CD** ☐ Delete
 NAME **MEEHAN, DAVID K**
 STREET ADDRESS **360 CENTRAL AVE**
 CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **D** ☐ Delete
 NAME **HUSSEY, WILLIAM D**
 STREET ADDRESS **360 CENTRAL AVE**
 CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **V** ☐ Delete
 NAME **GANTLEY, ROBERT G**
 STREET ADDRESS **360 CENTRAL AVE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

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

TITLE **DP** ☐ Delete
 NAME **HOWARD, DAVID M**
 STREET ADDRESS **360 CENTRAL AVE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

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

TITLE **CFOT** ☒ Delete
 NAME **BREAKIRON, CHRISTOPHER P**
 STREET ADDRESS **360 CENTRAL AVE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
 NAME **CFOS**
 STREET ADDRESS **Marando, Anthony R.**
 CITY-ST-ZIP **360 Central Avenue**
Saint Petersburg FL 33701

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:

Anthony R. Marando

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-803-2040

Date

Daytime Phone #

CR2E034 (9/01)

Insurance Management Solutions Group, Inc.
2001 Uniform Business Report
Document # P96000103608
Continuation of Sections 11 and 12

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