

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90944 002 \*\*\*150.00

**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  
**801 94th Ave. N.  
Suite, Apt. #, etc.**

3. Mailing Address  
**801 94th Ave. No.  
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

4. FEI Number  
**59-3422536**

Applied For  
☐ Not Applicable

Zip  
**33702**

Country  
**USA**

Zip  
**33702**

Country  
**USA**

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

**MARANDO, ANTHONY R  
360 CENTRAL AVENUE  
ST PETERSBURG, FL 33701** **801 94th Ave. No.  
St. Petersburg, FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CDP  
801 94th Avenue North  
St. Petersburg, FL 33702** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFOS  
MARANDO, ANTHONY R  
360 CENTRAL AVE  
SAINT PETERSBURG, FL 33701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**801 94th Avenue North  
St. Petersburg, FL 33702** ☒ Change ☐ Addition

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 to this address, with all other like empowered.

**SIGNATURE:** *Anthony R. Marando* **Anthony R. Marando**

*02-18-03*

**727-803-2040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Carrying Phone #

CR2E034 (10/02)

70019199  
# 96 000 10368

70019199  
# 96 000 10368

[illegible]