

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91621 038 ***550.00

DOCUMENT # S75052

1. Entity Name
INSURANCE MANAGEMENT SOLUTIONS, INC.

Principal Place of Business
360 CENTRAL AVE.
SAINT PETERSBURG FL 33701
US

Mailing Address
P.O. BOX 33005
ST. PETERSBURG FL 33733-8005
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3111643**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
 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 NAME STREET ADDRESS CITY-ST-ZIP | D MENKE, ROBERT M. 360 CENTRAL AVE. ST. PETERSBURG FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC MEEHAN, DAVID K. 360 CENTRAL AVE. ST. PETERSBURG FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUSSEY, WILLIAM D 360 CENTRAL AVE. ST. PETERSBURG FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MENKE, ROBERT G 360 CENTRAL AVE. ST. PETERSBURG FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|-----------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (See attached) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)

Attachment

435814

Insurance Management Solutions, Inc.
 2001 Uniform Business Report
 Document # S75052
 Continuation of Sections 11 and 12

S75052

| 11. Officer and Directors | | 12. Additions/Changes to Officers and Directors in 11 | |
|--|--|---|--|
| Title Name Street Address City-St-Zip | D Solomon, Dr. E. Ray 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | |
| Title Name Street Address City-St-Zip | D Sanchez, Alejandro M. 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | |
| Title Name Street Address City-St-Zip | D Grant, Senator John A., Jr. 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | |
| Title Name Street Address City-St-Zip | DP Howard, David M. 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | |
| Title Name Street Address City-St-Zip | VCFO <input checked="" type="checkbox"/> Delete Breakiron, Christopher P. 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | CFO, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marando, Anthony R. 360 Central Avenue St. Petersburg, FL 33701 |
| Title Name Street Address City-St-Zip | VCOO Gantley, Robert G. 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | |
| Title Name Street Address City-St-Zip | V <input checked="" type="checkbox"/> Delete R. Bruce Lunn 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | |
| Title Name Street Address City-St-Zip | V Claudette Cope 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | |
| Title Name Street Address City-St-Zip | V <input checked="" type="checkbox"/> Delete Beatrice Willis 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | |
| Title Name Street Address City-St-Zip | V R. Hale Campbell 360 Central Avenue St. Petersburg, FL 33701 | Title Name Street Address City-St-Zip | |
| Title Name Street Address City-St-Zip | V Tim Feliabaum 360 Central Avenue St. Petersburg, FL 33701 | | |
| Title Name Street Address City-St-Zip | V Michele K. Morgan 360 Central Avenue St. Petersburg, FL 33701 | | |