

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002793**

1. Entity Name

PROGRESSIVE FLOORING SOLUTIONS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 20 PM 12:42

Handwritten signature/initials

Principal Place of Business

**1527 WEST CARMEN STREET
TAMPA FL 33606**

Mailing Address

**1527 WEST CARMEN STREET
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3485528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANCOCK, DARRELL
1527 WEST CARMEN STREET
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

DATE

9. Capital Contributions

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000041576**
NAME **PROGRESSIVE FLOORING SYSTEMS, INC.**
STREET ADDRESS **1527 WEST CARMEN STREET**
CITY-ST-ZIP **TAMPA FL 33606**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100005677891--2

06/04/02--01069--024

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DOCUMENT #

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NAME

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-02 (813)250-9500

Date

Daytime Phone #

CR2E003 (9/01)