

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # A98000002253 80 MAR 29 PM 12:23

1. Entity Name

Progressive Communications Network, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

nf 4/5

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

313 DIRKSEN DRIVE

Suite, Apt. #, etc.

BLDG D1 Suite "L"

City & State

DeBary, Florida

Zip

32713

Country

Volusia

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3541817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Joseph Riviuccio
313 DIRKSEN DRIVE
BLDG D1 Suite L
DeBary, FL 32713

7. Name and Address of New Registered Agent

Name Rita Riviuccio
Street Address (P.O. Box Number is Not Acceptable)
313 DIRKSEN DRIVE
BLDG D1 Suite L
City DeBary FL Zip Code 32713

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

Rita Riviuccio

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

(NOTE: Registered Agent signature required when reinstating)

3/27/00

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$7,000.00

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 #
NAME Joseph Riviuccio
STREET ADDRESS 313 DIRKSEN DR. D1 Suite L
CITY-ST-ZIP DeBary, FL 32713

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
0000003204720--1
-04/11/00--01137--005
****141.25 ****141.25

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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 620, Florida Statutes

SIGNATURE: Joseph Riviuccio GP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/2000 407-668-5228
Date Daytime Phone #

CR2E003 (9/99)