

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H30763

1. Entity Name

PROGRESSIVE RESOURCES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90118 037 ***158.75

Principal Place of Business

14 S. VALENCIA DR.
DAVIE FL 33324

Mailing Address

14 S. VALENCIA DR.
DAVIE FL 33324-5521

00000004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14 S. Valencia DR

3. Mailing Address

14 S. Valencia DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State
DAVIE, FL

4. FEI Number 59-2487535

Applied For
Not Applicable

Zip 33324 Country BROWARD

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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, DANA
14 S VALENCIA DR.
DAVIE FL 33324

7. Name and Address of New Registered Agent

Name LORNA J. STEWART
Street Address (P.O. Box Number is Not Acceptable)
14 South Valencia DR.
DAVIE, FL 33324
City DAVIE FL Zip Code 33324

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] LORNA J. STEWART, V.P. 1/4/00
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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, DANA 14 S VALENCIA DR DAVIE FL	<input 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		<input 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORNA J. STEWART 14 South Valencia DR. DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-TREASURER CAROLINA ESTOVEZ 14 South Valencia DR. DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" 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
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: [Signature] 1/4/2000 (954) 473-4446
Signature, typed or printed name of signing officer or director Date Daytime Phone #