2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # H30763** PROGRESSIVE RESOURCES, INC. 4-27-2001 90249 050 ***158.75 Principal Place of Business Mailing Address 14 S. VALENCIA DR. Same 14 S. VALENCIA DR. DAVIE FL 39824 DAVIE FL 39324 645651 NW GOT Plantation, H. 33324 Discipled Planta of Rusiness | 3. Mailing Address | DO NOT WRITE IN THIS SPACE Suite Apt # etc Suite, Apt. #, etc. Appled For City & State 4. FEI Number City & State 59-2487535 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent R (LORNA) J- SHOWART ORNA STEWART, LOANA J 9028 NW 6ct 14-SOUTH VALENCIA DR DAVIE FL 33324 Plantation, Fl. 33324 Planta 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President ☐ Addition TITLE ☐ Delete TITLE LORNA J. STEWART 9028 NW GCT, STEWART, DANA NAME NAME 14 S VALENICA DR STREET ADDRESS STREET ADDRESS Plantation, Fl. CITY-ST-7IP CITY-ST-ZIP DAVIE FL ☐ Change ☐ Addition SCCRETARY TITLE ۷P ☐ Delete TITLE NAME STEWART, LORNA J ESTEVEZ, CAROlina STREET ADDRESS 14 SOUTH VALENCIA DR STREET ADDRESS 1028 NW 6 CT 33524 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 ☐ Change Addition TITLE ☐ Delete TITLE NAME ESTÆVEZ, CAROLINA NAME STREET ADDRESS 14 SOUTH VALENCIA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORNAJ. SKWART 4/23/01

On time Dunna #

CR2E034 (10/00