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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90130 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J11147

1. Corporation Name

PROGRESSIVE BUSINESS SOLUTIONS, INC.

Principal Place of Business
5907 BRECKENRIDGE PARKWAY
TAMPA FL 33610

Mailing Address
5907 BRECKENRIDGE PARKWAY
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1986

4. FEI Number

59-2694905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5902A Breckenridge Parkway

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

24 Zip 33610 25 Country

2a. Mailing Address

26 5902A Breckenridge Parkway

Suite, Apt. #, etc.

27 City & State

28 Tampa FL

29 Zip 33610 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, BRUCE S., ESQ.
500 E KENNEDY BLVD
S200
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME BLUMENTHAL, MARC D.

STREET ADDRESS 15903 ELLSWORTH DR.

CITY-ST-ZIP TAMPA FL

TITLE VPT ☒ DELETE

NAME REISENBURGER, JOHN

STREET ADDRESS 17323 LINDA VISA CIRCLE

CITY-ST-ZIP LUTZ FL 33549

TITLE Executive Vice President / COO ☐ DELETE

NAME W. David Braughton

STREET ADDRESS 7957 Idlewild Lane

CITY-ST-ZIP Seminole, FL 33577

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/20/99

813-621-1117

Date

Daytime Phone #

CR2E034 (11/98)