

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11147

1. Entity Name

PROGRESSIVE BUSINESS SOLUTIONS, INC.

FILED

Jun 08, 2000 8:00 am  
Secretary of State

06-08-2000 90035 016 \*\*\*558.75

Principal Place of Business

Mailing Address

5902A BRECKENRIDGE PKWY  
TAMPA FL 33610

5902A BRECKENRIDGE PKWY  
TAMPA FL 33610-4233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2694905

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

David Burke  
Carlton Fields  
P.O. Box 3239  
Tampa, FL 33601

Name

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

City

Tampa

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME BLUMENTHAL, MARC D.  
STREET ADDRESS 15903 ELLSWORTH DR.  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE VPCO  
NAME BRAUGHTON, DAVID W  
STREET ADDRESS 7957 IDLEWILD LN  
CITY-ST-ZIP SEMINOLE FL 38777

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS 15705 Miffin Court  
CITY-ST-ZIP TAMPA FL 33647

☒ Change ☐ Addition

TITLE VP Finance  
NAME Sharon Gray  
STREET ADDRESS 2010 Nancy Ave  
CITY-ST-ZIP Lutz, FL 33549

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)