2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90130 018 ***150.00

DOCUMENT # K00079

1. Entity Name

PROGRESSIVE AUTO PRO INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~3862 COCONUT PALM DR~~ ~~TAMPA FL 33619~~ ~~US~~	6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143

B0042249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4030 Crescent Park Dr.	
Suite, Apt. #, etc.: Building B	Suite, Apt. #, etc.: U33
City & State: Riverview FL	City & State
Zip: 33569 Country: US	Zip Country

4. FEI Number 58-1772717 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~LEWIS, PETER B.~~ 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Glenn M. Renwick
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~SCHNEIDER, DAVID M.~~ ~~6300 WILSON MILLS RD~~ ~~MAYFIELD VILLAGE OH 44143~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VP Jeffrey W. Basch 6300 Wilson Mills Rd. Mayfield Village, OH 44143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~MCMILLAN, ROBERT J.~~ ~~2075 RESEARCH PKWY STE A~~ ~~COLORADO SPRINGS CO 80920~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition President Brian Domeck 625 Alpha Dr. Highland Hts. OH 44143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOLOHANTY, JANET A 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMAS, FORRESTER W 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 #