

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90010 025 ***150.00

DOCUMENT # K68040

1. Entity Name **Progressive Machinery Sales, Inc.**

Principal Place of Business **9587 B Southwest 84 Terrace Ocala, Florida 34481**
 Mailing Address **9587 B Southwest 84 Terrace Ocala, Florida 34481**

2. Principal Place of Business **9584 B Southwest 84 Terrace**
 3. Mailing Address **9584 B Southwest 84 Terrace**

Suite, Apt. #, etc.

City & State **Ocala, Florida 34481**
 City & State **Ocala, Florida 34481**

Zip **34481** Country **US** Zip **34481** Country **US**

4. FEI Number **592945246**
 Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Toffolon, Joseph F.
9587 B Southwest 84 Terrace
Ocala, Florida 34481

7. Name and Address of New Registered Agent

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!!
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

TITLE **President/Treasurer/Director** ☐ Delete
 NAME **Joseph F. Toffolon**
 STREET ADDRESS **9587 B Southwest 84 Terrace**
 CITY-ST-ZIP **Ocala, Florida 34481**

TITLE **Secretary/Director** ☐ Delete
 NAME **Pauline A. Toffolon**
 STREET ADDRESS **9587 B Southwest 84 Terrace**
 CITY-ST-ZIP **Ocala, Florida 34481**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph F. Toffolon, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-873-4799

Daytime Phone #

CR2E034 (11/00)