

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**  
 02-06-2002 90079 027 \*\*\*150.00

AV  
 02-06-2002

**DOCUMENT # K80255**

1. Entity Name  
**PROGRESSIVE BASICS, INC.**

Principal Place of Business

**1855 WELLS ROAD. #7  
 ORANGE PARK FL 32073  
 US**

Mailing Address

**P.O. BOX 922  
 ORANGE PARK FL 32067  
 US**

2. Principal Place of Business

**1855 Wells Rd  
 Suite, Apt. #, etc.  
 # 8**

3. Mailing Address

**P.O.  
 Suite, Apt. #, etc.**

City & State

**Orange pk. 71**

City & State

**Orange pk. 71**

Zip

**32073**

Country

**USA**

Zip

**32073**

Country

**USA**

4. FEI Number

**59-2939882**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEE, DAVID B JR  
 1409 KINGSLEY AVE  
 ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name **Akel, Daniel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1 Independent Drive St 2301**  
 City **Jacksonville** **FL** Zip Code **32202**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**1/21/02**  
 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, 2002 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 **P** ☐ Delete  
 NAME **DEESE, TIMOTHY H**  
 STREET ADDRESS **2600 RIVER PLACE LN**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **VP** ☐ Delete  
 NAME **DEESE, KAREN B**  
 STREET ADDRESS **2600 RIVER PLACE LN**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **VP** ☐ Delete  
 NAME **DYER, JAMES H**  
 STREET ADDRESS **11116 TRAPPERS CREEK**  
 CITY-ST-ZIP **RALEIGH NC 27614**

TITLE **ST** ☐ Delete  
 NAME **DYER, HOLLY**  
 STREET ADDRESS **11116 TRAPPERS CREEK**  
 CITY-ST-ZIP **RALEIGH NC 27614**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-02**

Date

**904-264-7408**

Daytime Phone #

CR2E034 (9/01)