

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000008595**

1. Entity Name
PROGRESSIVE MAINTENANCE OF FLORIDA, LLC

FILED

01 MAR 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**432 SAINT ANDREWS BLVD.
NAPLES FL 34113**

Mailing Address
**432 SAINT ANDREWS BLVD.
NAPLES FL 34113**

2. Principal Place of Business
1818 SE 8th PL

3. Mailing Address
1818 SE 8th PL

Suite, Apt. #, etc.

City & State
Cape Coral FL

City & State
Cape Coral FL

Zip
33909 Country

4. FEI Number
65-1033623

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PALLERINO, DONALD E
432 SAINT ANDREWS BLVD.
NAPLES FL 34113**

7. Name and Address of New Registered Agent
Name **David G. Daugherty**
Street Address (P.O. Box Number is Not Acceptable)
1818 SE 8th PL
City **Cape Coral** FL Zip Code **33909**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	David G. Daugherty	1818 SE 8th PL	Cape Coral, FL 33909	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **David G. Daugherty** Date: **3/27/01** Daytime Phone #: **941-560-6606**

CR2E083 (11/00)