

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # L000000008595

1. Entity Name
PROGRESSIVE Maintenance of Florida LLC

Principal Place of Business Mailing Address
1818 S.E. 8th Place
Cape Coral, FL 33990

2. Principal Place of Business 3. Mailing Address
1818 S.E. 8th Place 1818 S.E. 8th Place
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cape Coral, FL CAPE CORAL, FL
Zip Country Zip Country
33990 USA 33990 USA

FILED
01 AUG -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DAVID G. DOUGHERTY
1818 S.E. 8th Place
Cape Coral, FL 33990

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] DATE 7/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P.</u> <u>DAVID G. DOUGHERTY</u> <u>1818 SE 8th Place</u> <u>Cape Coral, FL 33990</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>JANICE S. DOUGHERTY</u> <u>1818 S.E. 8th PLACE</u> <u>CAPE CORAL, FL 33990</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Stephanie Paugerino</u> <u>432 St. Andrews Blvd</u> <u>NAPLES, FL 34113</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janice S. Dougherty DATE: 7/29/01 DAYTIME PHONE #: 941-242-0451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)