

2001 UNIFORM BUSINESS REPORT (UBR)

Ammended

DOCUMENT # L000000008595

1. Entity Name
PROGRESSIVE Maintenance of Florida LLC

FILED

01 AUG -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business Suite, Apt. #, etc.
1818 SE. 8th Place

3. Mailing Address Suite, Apt. #, etc.
1818 S.E. 8th Place

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral FL

City & State
CAPE CORAL, FL

Zip Country
33990 USA

Zip Country
33990 USA


4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DAVID G. DOUGHERTY
1818 SE. 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  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 <u>V.P.</u>	<input checked="" type="checkbox"/> Delete
NAME <u>DAVID G. DOUGHERTY</u>	
STREET ADDRESS <u>1818 SE 8th Place</u>	
CITY-ST-ZIP <u>Cape Coral, FL 33990</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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)