

FILED
May 24, 2002 8:00 am
Secretary of State

03-13-2002 90097 007 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017563

1. Entity Name

PROGRESSIVE DESIGN SOLUTIONS, LLC

Principal Place of Business

1715 WEST GRAY ST.
TAMPA FL 33606

Mailing Address

1715 WEST GRAY ST.
TAMPA FL 33606

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-375 0963

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HENRY, ERIK D
1003 KENTUCKY AVE.
TAMPA FL 33603

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 relinquishing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGER
 NAME: ERIK HENRY
 STREET ADDRESS: 1003 W. Kentucky Ave
 CITY-ST-ZIP: TAMPA, FL 33606 ☐ Delete

TITLE: MANAGER
 NAME: MEL HANCOCK
 STREET ADDRESS: 18541 Kingbird Dr.
 CITY-ST-ZIP: Lutz, FL 33549 ☐ Delete

TITLE: MANAGER
 NAME: Darrell Hancock
 STREET ADDRESS: 18541 Kingbird Dr.
 CITY-ST-ZIP: Lutz, FL 33549 ☐ Delete

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

TITLE: ☐ Delete
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 CITY-ST-ZIP: ☐ Delete

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

10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ 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: ESSENCE OF PROGRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)