

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90036 001 *****55.00

0008487

DOCUMENT # L02000029703

1. Entity Name

PROGRESSIVE OFFICE INTERIORS LLC



Principal Place of Business

~~2062 BLUE VIEW CT.~~
~~NAVARRE FL 32566~~

Mailing Address

2062 BLUE VIEW CT.
NAVARRE FL 32566

70134000



2. Principal Place of Business

638A ANCHORS ST NW

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH

City & State

Zip **FL 32548** Country **USA**

Zip Country

4. FEI Number

74- 306 8034

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

POE, GARY D
2062 BLUE VIEW CT.
NAVARRE FL 32566

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

GARY D. POE MANAGING MEMBER

Gary D Poe

8/25/03

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **POE, GARY**
STREET ADDRESS **2062 BLUE VIEW CT.**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **MGRM** ☐ Delete
NAME **POE, ADAM**
STREET ADDRESS **2062 BLUE VIEW CT.**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

GARY D POE

GARY D POE MANAGING MEMBER

8/25/03

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

Date **(850) 243-3351**

CR2083 (4/03)