

FILED  
Jun 26, 2001 8:00 am  
Secretary of State

05-22-2001 90633 043 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007270

*Miss Name  
CPE-1*

*UP*

1. Entity Name

PROGRESSIVE C. LEARNING CENTER, INC.

*PROGRESSIVE CHARTER LEARNING CENTER, INC.*

Principal Place of Business

Mailing Address

P O BOX 3906  
HOLLYWOOD FL 33083

P O BOX 3906  
HOLLYWOOD FL 33083

2. Principal Place of Business

*5347 S.W. 25th ST.*

Suite, Apt. #, etc.

*HOLLYWOOD, FL.*

City & State

*33023*

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

*BROWARD*

Zip

Country

FBI Number

*65-1047532*

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, ROSALIE  
5341 SW 25 ST  
HOLLYWOOD FL 33083

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

*SAME*

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 *ROSALIE JENKINS*

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

*Rosalie Jenkins*

(NOTE: Registered Agent Signature required when reinstating)

*4/26/01*

DATE

FILE NOW:  
FEE IS \$81.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	JENKINS, MAMIE	
STREET ADDRESS	1731 NW 36 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, ALTON G SR	
STREET ADDRESS	P O BOX 4426	
CITY-ST-ZIP	HOLLYWOOD FL 33083	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	TAYLOR, GALE	
STREET ADDRESS	101 SW 29 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGETTE L. INMAN	
STREET ADDRESS	P.O. BOX 816014	
CITY-ST-ZIP	Hollywood FLORIDA 33081	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosalie Jenkins* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/01*

Date

*(954) 893-9351*

Daytime Phone #