

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002177

1. Entity Name

PROGRESSIVE AUTO STORAGE CONDOMINIUM ASSOCIATION

01-08-2001 90036 044 ***236.25

N99000002177

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 17 PM 12:55

Principal Place of Business

720 BALD EAGLE DR.
MARCO ISLAND FL 34145

Mailing Address

720 BALD EAGLE DR.
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, MICHAEL R
720 BALD EAGLE DR.
MARCO ISLAND FL 34145

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

Michael R. Kelly

Michael R Kelly

1-03-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KELLY, MICHAEL D
580 HAMMOCK CT.
MARCO ISLAND FL 34145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KELLY, MICHAEL R
1218 TREASURE CT.
MARCO ISLAND FL 34145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KELLY, LISA M
8023 PANTHER TRAIL, #902
NAPLES FL 33962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
05-09-00 90114 021 \$61.25 ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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 617, 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:

Michael R. Kelly

Michael R Kelly

941 642-4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)