

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90137 028 ***150.00

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DOCUMENT # P00000055075

1. Entity Name

BUILDERS PROGRESS, INC.



Principal Place of Business

520 SANDY CREEK DR
BRANDON FL 33511

Mailing Address

520 SANDY CREEK DR
BRANDON FL 33511

2. Principal Place of Business

2507 BRIMHOLLOW DR.

3. Mailing Address

2507 BRIMHOLLOW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

VALRICO, FL

4. FEI Number

59-3650513

Applied For

Not Applicable

Zip

33594

Country

HILLSBOROUGH

Zip

33594

Country

HILLSBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SWAIN, SIMON J
520 SANDY CREEK DR
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name SIMON J. SWAIN

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

2507 BRIMHOLLOW DR.

City

VALRICO, FL

FL

Zip Code

33594

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, STEVEN T	
STREET ADDRESS	1017 UNION STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWAIN, SIMON	
STREET ADDRESS	520 SANDY CREEK DR	
CITY-ST-ZIP	BRANDON FL 33511	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES. / D / S / T / C / M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON J. SWAIN	
STREET ADDRESS	2507 BRIMHOLLOW DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	DENISE H. SWAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P.	
STREET ADDRESS	2507 BRIMHOLLOW DR.	
CITY-ST-ZIP	VALRICO, FL 33594	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03 883-505-5187

Date:

Daytime Phone #

CR2E034 (10/02)