

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90346 035 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT #</b> P00000075358                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>1. Entity Name</b><br>Progressive Mortgage Loan Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>Principal Place of Business</b><br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             | <b>Mailing Address</b><br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL                                                                 |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>2. Principal Place of Business</b><br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             | <b>3. Mailing Address</b><br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL                                                              |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>City &amp; State</b><br>Pembroke Pines, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             | <b>City &amp; State</b><br>Pembroke Pines, FL                                                                                           |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>Zip</b><br>33025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Country</b><br>USA                                                                       | <b>Zip</b><br>33025                                                                                                                     | <b>Country</b><br>USA |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>4. FEI Number</b><br>050994632                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                                                                           |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             | <b>\$8.75 Additional Fee Required</b>                                                                                                   |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>6. Name and Address of Current Registered Agent</b><br>Bridgett Byrd<br>450 W. Park Rd # 404<br>Hollywood, FL 33021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>7. Name and Address of New Registered Agent</b><br>Name: [Signature]<br>Street Address (P.O. Box Number is Not Acceptable):<br>City: FL Zip Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>SIGNATURE</b> [Signature]<br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             | <b>DATE</b> 4/19/01<br>(NOTE: Registered Agent signature required when reinstating)                                                     |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/><br>(See criteria on back)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             | <b>\$5.00 May Be Added to Fees</b>                                                                                                      |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>11. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <table border="1"> <tr> <td><b>TITLE</b><br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><b>TITLE</b><br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> </tr> <tr> <td>Bridgett McFarlane Byrd<br/>12289 Pembroke Rd<br/>Pembroke Pines, FL 33025</td> <td>President<br/>Bridgett McFarlane Byrd<br/>12289 Pembroke Rd # 118<br/>Pembroke Pines, FL 33025</td> </tr> <tr> <td>Lascelles D. Pryce Jr<br/>12289 Pembroke Rd # 118<br/>Pembroke Pines, FL 33025</td> <td>Director<br/>Lascelles D. Pryce Jr<br/>12289 Pembroke Rd # 118<br/>Pembroke Pines, FL 33025</td> </tr> <tr> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> |                                                                                             |                                                                                                                                         |                       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Bridgett McFarlane Byrd<br>12289 Pembroke Rd<br>Pembroke Pines, FL 33025 | President<br>Bridgett McFarlane Byrd<br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL 33025 | Lascelles D. Pryce Jr<br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL 33025 | Director<br>Lascelles D. Pryce Jr<br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL 33025 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| Bridgett McFarlane Byrd<br>12289 Pembroke Rd<br>Pembroke Pines, FL 33025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | President<br>Bridgett McFarlane Byrd<br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL 33025 |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| Lascelles D. Pryce Jr<br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL 33025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Director<br>Lascelles D. Pryce Jr<br>12289 Pembroke Rd # 118<br>Pembroke Pines, FL 33025    |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <table border="1"> <tr> <td><b>TITLE</b><br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td><b>TITLE</b><br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> </tr> <tr> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><input type="checkbox"/> Delete</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                                                                                                         |                       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           | <input type="checkbox"/> Delete                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                         |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |
| <b>SIGNATURE:</b> [Signature]<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             | <b>DATE</b> 4/19/01 <b>802-3320</b><br>Daytime Phone #                                                                                  |                       |                                                       |                                                       |                                                                          |                                                                                             |                                                                              |                                                                                          |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |                                 |                                                                   |

CR2E034 (11/00)