## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 11, 2002 8:00 am Secretary of State P00000115601 DOCUMENT # 1. Entity Name: 09-11-2002 90065 030 \*\*\*150.00 PROGENY INCORP Principal Place of Business Mailing Address 1925 EAST GORDON DRIVE 1925 EAST GORDON DRIVE NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3723614 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUCKEL, ROBERT M ESQ. 5801 PELICAN BAY BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUITE 300 DE NAPLES FL 34108 City 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 Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After Septe 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition ☐ Change NAME JENTGEN, JAMES J NAME STREET ADDRESS 1925 EAST GORDON DRIVE STREET ADDRESS CITY-ST-7/P NAPLES FL 34102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ---Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED

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## PROGENY III CORP. 1925 GORDON DRIVE EAST NAPLES, FL 34102

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Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FI 32302-1500

September 9, 2002

To whom it may concern:

Please find enclosed a the Uniform Business Report, as well as, a check \$150.00 for the filing. I realize that this is the second notice, but I never received the first notice. I spoke with someone at your office today about my concern and they said I should send in the \$150.00 with an explanation. Thank you very much for your consideration.

Sincerely,

James J. Jentger

President