3/28/

2002 Uniform Business Report (UBR)

FILED Apr 24, 2002 8:00 am Secretary of State

1. Entity Name				03-28-2002 90038 030 ***150.00			
PROGRES	SSIVE REAL ESTATE & DEV	VELOPMENT, INC.					
Principal Place of Business Mailing Address 8551 W. SUNRISE BLVD. #208 FT. LAUDERDALE FL 33322 FT. LAUDERDALE FL 33322				20100			
	,		_				
2. Principal Place of Business		3. Mailing Address		i i i i i i i i i i i i i i i i i i i	Ha dirai alimi s		
Suite, Apt. #. etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 45- 111 3739	Not	plied For t Applicable	
Zip	Country	. Zip	Country		8.75 Add ee Required	itional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	gent		
			_ Name	and the second s			
BLOOMGARDEN, PAUL M PINE ISLAND COMMONS, SUITE 208			Street Add	Streat Address (P.O. Box Number is Not Acceptable)			
8551 W. SUNRISE BLVD., #208					T = -		
ŧ	ERDALE FL 33322		City	FL FL	Zip Code	·	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or re	gistered agent, or both, in the State of Fiorida.		. (
SIGNATURE			· .			{	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature	equired when reinstating) CATE			
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.		! FEE IS \$150.00 2 Fee will be \$550 4 to Denartment 0	.00 10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
(See criter			12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	OFFICERS AND	Delete	TITLE	Application with the second se	Change	☐ Addition	
NAME	MERRELL, JOHN T	<u>-</u>	NAME			ĺ	
STREET ADDRESS	12799 W. FOREST HILL BLVD.		STREET ADDRESS CITY-ST-ZIP			1	
CITY-ST-ZIP	WELLINGTON FL 33414	Delete	TITLE		☐ Change	☐ Addition	
TITLE Name		C Deteto	NAME			-	
STREET ADDRESS	ر. مواجع دم المراجع معجد جيدان <u>معرايض على الرا</u>	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	متعاديهم معين ليدان والقابيد والسامي			
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TITLE		☐ Deleie	TITLE		Change	Addition	
NAME			NAME			ļ	
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NAME		TT DSISTS	NAME			{	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP]	
CITY-ST-7IP	I .		GDT-\$1-4P				

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 significant shall have the same legal effect as if made under eath; 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.

SIGNATURE:

O OFFICER OR DIRECTOR