FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED

| 1. Entity Name PROGRESSIVE SAT | 02 OCT -8 PM I2: 49 SECRETARY OF STATE TALLAHASSEE PLORIDA | |
|---|---|------------------------------------|
| DO NOT WRI | 400008327704 | |
| 2. Principal Place of Business 296 Anchor rd | 3. Mailing Address 296 Anchor ed | -10/11/0201022 *****61.25 ***** |
| Suite, Act # etc. | Suite, Apt 30 ac. | DO NOT WRITE IN THIS SPACE |

Casselberry , Fl.

3<u>2707</u>

DO NOT WRITE IN THIS SPACE

, Fl.

Sem

Country

City & State Casselberry

32707

| -10/11/0201022008 | |
|----------------------------|---|
| *****81.25 *****61.25 | 5 |
| DO NOT WRITE IN THIS SPACE | |

Applied For

Not Applicable

| | | | 2. 1.1. |
|----------------|---|----------|-----------------------------------|
| Country Sem | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| | 7. Name and Address of Current I | Register | red Agent |
| Name | Craig L. Osborn | | |
| Street Addres | ss (P.O. Box Number is Not Acceptable) 1521 Peral st | | |
| | | | |

4. FEI Number 59-3744138

Longwood

| o. THE ADOVE | e named entity submits this statement for the | purpose of changing its r | egistered office or registere | d agent, or both, in the State of Florida. |
|---|--|--|---|--|
| SIGNATURE | Company | | | . Osborn P |
| | Signature, typed or printed name of registered agent and til | le if applicable. 1 (NOTE: | Registered Agent signature required w | hen reinstating) DATE |
| Tax filing requirement and elects to do so. After May 1 (See gritaria on healt) | | y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of State | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| 11. | OFFICERS AND DIR | ECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | p/t Craig L Osborn 1521 Peral st Longwood, Fl. 327 | 50 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dawn I Hunt V/S 111 Westwood Tr St Peat, Fl. 3371 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE |
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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 supplied pental report is true and accurate and that my signature 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 on an attachment with an address, with all other like empowered.

SIGNATURÉ:

Craig L. Osborn 8/12/02 (407) 331-9441