

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90045 014 \*\*\*150.00

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**DOCUMENT # P02000016456**

1. Entity Name  
**PROGRESSIVE MANUFACTURERS INC**



Principal Place of Business  
**15858 66TH COURT N.  
LOXAHATCHEE FL 33470**

Mailing Address  
**15858 66TH COURT N.  
LOXAHATCHEE FL 33470**



2. Principal Place of Business

3. Mailing Address

**530 Business Pky**  
Suite, Apt. #, etc.  
**Suite 6**

**530 Business Pky**  
Suite, Apt. #, etc.  
**#6**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Royal Palm Beach FL**

City & State  
**Royal Palm Bch FL**

4. FEI Number  
**01-0595640**

Applied For  
Not Applicable

Zip  
**33411** Country  
**USA**

Zip  
**33411** Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER FL 33761**

Name

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

City

**FL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9 July, 03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HOWELL, PAUL W  
15858 66TH COURT N.  
LOXAHATCHEE FL 33470** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Paul Howell  
530 Business Pky #6  
Royal Palm Fl. 33466** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V.P.  
Howell, Kathy  
530 Business Pky #6  
Royal Palm Beach Fl. 33411** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V.P.  
Howell Kathy  
530 Business Pky #6  
Royal Palm 41 33411** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**Paul Howell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9 July, 03 561.723.4689**

CR2E034 (10/02)