2003 FOR PROFIT CORPORATION

FILED

UNIFORM BUS	SINESS REPORT	Apr 28, 2003 8:00 a	
DOCUMENT # PO 1. Entity Name MPRESSIVE INVESTMENTS, I)2000049777 NC.		Secretary of State 04-28-2003 90187 003 ***150.00
Principal Place of Business 6205 S W GATOR TR PALM CITY FL 34990	Mailing Address 6205 S W GATOR TR PALM CITY FL 34990		
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2. Principal Place of Business	3. Mailing Address	į	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HEBE IE WYKING CHANGES

Principal Place of Business 6205 S W GATOR TR PALM CITY FL 34990		Mailing Address 6205 S W GATOR TR PALM CITY FL 34990	6205 S W GATOR TR								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State			FEI Number 02 - 0601428			oplied For-	}-	
Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired		\$8.75 Add			
	6. Name and Address of Ci	urrent Registered Agent				7. Name and Address of New Registered Agent					
			Name								
	., RICHARD	•	Stroot A		ddress (P.O. Box Number is Not Acceptable)					1	
6205 S W	GATOR TR			officer Address (F.O. Dox Multiper is Not Acceptable)					1		
PALM CIT	Y FL 34990									1	
		1		City			FL	Zip Cod	e	1	
	named entity submits this state ions of registered agent	nept for the purpose of changing its	registere	ed office or	registered ag	ent, or both, in the State of Flor	rida. I am i	familiar with,	and accept		
SIGNATURE _	Signature, types or primed name of registers	and acent and little if explicable (NOT)	- Registere	Agent signatur	re required when re	einetation)	DATE	70_		ļ	
FI After Make Check	LE NOW!!! FES IS \$150.0 May 1, 2003 Fee will be \$55 Payable to Florida Departm	50.00 = 50.00 sent of State	<i>بر <u>د</u> بیعد</i>			9. Election Campaign, Fing Trust Fund Contribution	i	Added	May Be		
10	OFFICERS	S AND DIRECTORS	.11.		PRESTI	DDITIONS/CHANGES TO OFFI	CERS AND			1	
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STREET ADDRESS CITY-ST-ZIP			/	ET ADDRESS ØT-ZIP							
	ertify the title information symplic	and with this filing doos A hit to	-//		ad in Contine	110 07/2)/i). Florida Statutas II	further car	tifus that the i-	oformation.	}	

I hereby certify that the information supplied with this filing does not dualify 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 activate 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 rescents 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 a contract of the corporation of the corporation of the corporation of the receiver of trustee empowers in Block 10 or Block 11 if changed, or on an attachment with an address, with a contract of the corporation of th

SIGNATURE: