2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002747

1. Entity Name

PROGRESSIVE SYSTEM SOLUTIONS, INC.

Principal Place of Business	Mailing Address
4019 CLARCONA OCOEE RD. ORLANDO FL 32818 US	4019 CLARCONA OCOEE RD. ORLANDO FL 32818 US

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3216914 — Applied For / Not Applicable

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

Name

JASIULEWICZ, CAROLYN L
~~6323 AUTUMN CHASE LANE~~ *4019 C/ARCONA - OCOEE RD*
~~ORLANDO FL 32818~~ *Orlando 71A - 32810*

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	☐ Delete	TITLE	*SAME*	☑ Change ☐ Addition
NAME	JASIULEWICZ, CAROLYN L		NAME		
STREET ADDRESS	~~6323 AUTUMN CHASE LANE~~		STREET ADDRESS	*4019 C/ARCONA OCOEE RD*	
CITY-ST-ZIP	~~ORLANDO FL 32818~~		CITY-ST-ZIP	*Orlando 71A - 32810*	
TITLE	VP	☐ Delete	TITLE	*SAME*	☑ Change ☐ Addition
NAME	JASIULEWICZ, WILLIAM B		NAME		
STREET ADDRESS	~~6323 AUTUMN CHASE LN~~		STREET ADDRESS	*4019 C/ARCONA OCOEE RD*	
CITY-ST-ZIP	~~ORLANDO FL 32818~~		CITY-ST-ZIP	*Orlando 71A - 32810*	
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		☐ 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		

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 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.

SIGNATURE: _SIGNATURE REQUIRED_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/01)