

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009604

1. Entity Name

PROGRESSIVE CABINETS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90198 044 \*\*\*150.00

Principal Place of Business

Mailing Address

3826 NW OLD 441  
OCALA FL 34475  
US

3826 NW OLD 441  
OCALA FL 34475  
US

2. Principal Place of Business

3. Mailing Address

3021 NW 10th St

3021 NW 10th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala FL

Ocala FL

Zip

Country

Zip

Country

34476

USA

34476

USA

4. FEI Number

59-3225421

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

BARLOW, KEVIN L  
3826 NW OLD 441  
OCALA FL 34475

Name Kevin L Barlow

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

3021 NW 10th St

City Ocala

FL

Zip Code 34476

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 type 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, 2000 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 PTD ☐ Delete  
NAME BARLOW, KEVIN L  
STREET ADDRESS 3826 NW OLD 441  
CITY-ST-ZIP Ocala FL

TITLE PTD ☒ Change ☐ Addition  
NAME Barlow, Kevin L  
STREET ADDRESS 3021 NW 10th St  
CITY-ST-ZIP Ocala FL 34476

TITLE VSD ☐ Delete  
NAME BARLOW, HOYT  
STREET ADDRESS 3826 N.E. 10th 441  
CITY-ST-ZIP Ocala FL 34455

TITLE VSD ☒ Change ☐ Addition  
NAME Barlow, Hoyt  
STREET ADDRESS 3021 NW 10th St  
CITY-ST-ZIP Ocala FL 34476

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)