

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90112 036 \*\*\*158.75

**DOCUMENT # P94000033876**

1. Entity Name  
**PROGRESSIVE PUBLISHING, INC.**

Principal Place of Business

**6990 LAKE ELLENDOR DR  
ORLANDO FL 32809  
US**

Mailing Address

**2535 SUCCESS DR  
ODESSA FL 33556  
US**

2. Principal Place of Business

3. Mailing Address

**343 Broadway Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Orlando, FL**

Zip

Country

Zip  
**32803**

Country  
**USA**

4. FEI Number **59-3239301**

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

**BAKER, RICHARD W  
2535 SUCCESS DR  
ODESSA FL 33556**

Name **Nancy Lycan**

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

**343 Broadway Avenue**

City **Orlando**

**FL**

Zip Code  
**32803**

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

*Nancy Lycan* **Nancy Lycan, President, Progressive Publishing**

**01-12-01**  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRADDOCK, JOHN 6990 LAKE ELLENOR DRIVE ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BAKER, RICHARD 2525 SUCCESS DRIVE ODESSA FL 33556	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUMPHRIES, J B 501 E KENNEDY BLVD TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nancy Lycan 343 Broadway Ave. Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Nancy Lycan* **Nancy Lycan, President**

**01-12-01**

Date

**407-423-0080**

Daytime Phone #

CR2E034 (10/00)