

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047000

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

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90173 029 \*\*\*150.00

Principal Place of Business  
**202 E REYNOLDS  
SECOND FLOOR  
PLANT CITY FL 33565  
US**

Mailing Address  
**P.O. BOX 2466  
PLANT CITY FL 33565-2466**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**121 N. COLLINS ST.**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**PLANT CITY, FL**

City & State

4. FEI Number  
**59-3254033**

Applied For  
Not Applicable

Zip  
**33566**

Country  
**FL**

Zip Country

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

**SPARKMAN, MICHAEL B  
202 EAST REYNOLDS ST  
SECOND FLOOR  
PLANT CITY FL 33565**

**121 N. COLLINS ST  
PLANT CITY, FL  
33566**

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.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/01**

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  
**P  
SPAKMAN, MICHAEL B  
202 E REYNOLDS ST  
PLANT CITY FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**121 N. COLLINS ST  
PLANT CITY, FL 33566**

TITLE  
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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 #

**4/20/01 822-789-0493**

CR2E034 (10/00)