

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

03-31-2003 90207 046 ***150.00

DOCUMENT # P94000060387

1. Entity Name
PROGRESSIVE AUTO PRO INSURANCE COMPANY



Principal Place of Business
**4000 CRESCENT PARK DR.
BUILDING B
RIVERVIEW FL 33569**

Mailing Address
**6300 WILSON MILLS RD
W-33
MAYFIELD VILLAGE OH 44143-2182**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3213815**

Applied For
Not Applicable

Zip Country

Zip Country **US**

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

**STATE TREASURER AND INSURANCE COMMISSIONER
200 EAST GAINES STREET
LARSON BLDG
TALLAHASSEE FL 32399-0300**

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

City

FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or doing, in the State of Florida. I am familiar with the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **BASCH, JEFFREY W**
STREET ADDRESS **6300 WILSON MILLS ROAD**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **T** ☐ Delete
NAME **PETERSON, STEPHEN**
STREET ADDRESS **6300 WILSON MILLS RD.**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **P** ☐ Delete
NAME **DOMECK, BRIAN C**
STREET ADDRESS **825 ALPHA DRIVE**
CITY-ST-ZIP **HIGHLAND HT OH 44143**

TITLE **S** ☐ Delete
NAME **SHRALLOW, DANE A**
STREET ADDRESS **300 N COMMONS BLVD.**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **ATVP** ☐ Delete
NAME **KUSMER, JAMES L**
STREET ADDRESS **6300 WILSON MILLS RD**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **AS** ☐ Delete
NAME **CERNY, KATHLEEN M**
STREET ADDRESS **300 N. COMMONS BLVD**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **P.D.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey W. Busch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03
Date

440-461-5000
Daytime Phone #

CR2E034 (10/02)