

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90037 020 ***150.00

060660 AT

DOCUMENT # P94000060430

1. Entity Name

PROGRESSIVE EXPRESS INSURANCE COMPANY

Principal Place of Business

**4030 CRESCENT PARK DRIVE
 BLDG B
 RIVERVIEW FL 33569**

Mailing Address

**6300 WILSON MILLS ROAD W33
 MAYFIELD VILLAGE OH 44143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3213719

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

**STATE TREASURER AND INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399**

Name

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

**200 East Barnes Street
 Larson Building
 Tallahassee FL 32399-0300**

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

T ☐ Delete
**FORRESTER, W. THOMAS II
 6300 WILSON MILLS RD.
 MAYFIELD VILLAGE OH 44143**

☒ Change ☐ Addition
stephen D. Peterson

AS ☐ Delete
**CERNY, KATHLEEN M
 6300 WILSON MILLS RD.
 MAYFIELD VILLAGE OH 44143**

☒ Change ☐ Addition
300 N. Commons Blvd.

VP ☐ Delete
**BASCH, JEFFREY W
 6300 WILSON MILLS RD.
 MAYFIELD VILLAGE OH 44143**

☐ Change ☐ Addition

P ☐ Delete
**DOMECK, BRIAN
 625 ALPHA DR.
 HIGHLAND HEIGHTS OH 44143**

☐ Change ☐ Addition

S ☐ Delete
**SHALLOW, DANE A
 300 N. COMMONS BLVD.
 MAYFIELD VILLAGE OH 44143**

☒ Change ☐ Addition
Dane Shallow

ATVP ☐ Delete
**DOLOHANTY, JANET A
 6300 WILSON MILLS RD
 MAYFIELD OH 44143**

☒ Change ☐ Addition
James Kusmer

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 #

CFR2034 (9/01)