

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90207 045 ***150.00

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

4. FEI Number **59-3213719**

Applied For
Not Applicable

Zip

Country

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

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

Name
Director of Office of Insurance Regulation
Street Address (P.O. Box Number is Not Acceptable)
200 East Gaines Street
City **Tallahassee** FL Zip Code **32399-0326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | PETERSON, STEPHEN | |
| STREET ADDRESS | 6300 WILSON MILLS RD. | |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH 44143 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | CERNY, KATHLEEN M | |
| STREET ADDRESS | 300 N. COMMONS BLVD | |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH 44143 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BASCH, JEFFREY W | |
| STREET ADDRESS | 6300 WILSON MILLS RD. | |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH 44143 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DOECK, BRIAN | |
| STREET ADDRESS | 625 ALPHA DR. | |
| CITY-ST-ZIP | HIGHLAND HEIGHTS OH 44143 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SHRALLOW, DANE | |
| STREET ADDRESS | 300 N. COMMONS BLVD. | |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH 44143 | |
| TITLE | ATVP | <input type="checkbox"/> Delete |
| NAME | KUSMER, JAMES | |
| STREET ADDRESS | 6300 WILSON MILLS RD | |
| CITY-ST-ZIP | MAYFIELD OH 44143 | |

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | MAYFIELD VILLAGE, OH 44143 | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey W. Busch 3-17-03 440-461-5000

Date Daytime Phone #

CR2E034 (10/02)