

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90412 030 \*\*\*150.00

**DOCUMENT # P95000005789**

1. Entity Name

**PROGRESSIVE PRODUCTS (AMERICA) INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1524 GULF BEACH HWY**

Suite, Apt. #, etc.

3. Mailing Address

**1524 GULF BEACH HWY**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PENSACOLA FL**

City & State

**PENSACOLA FL**

4. FEI Number

**59-3300544**

Applied For

Not Applicable

Zip

**32501**

Country

**ESCAMBIA**

Zip

**32501**

Country

**ESCAMBIA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**PENTON, JOHN - S ESQ**

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

**% PENTON, WHEELER & SPRING L.L.C**

**226 SOUTH PALAFOX PLACE SUITE 106**

City

**PENSACOLA**

FL

Zip Code

**32501**

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PSD  
MIELNICZUK, WILLIAM JR.  
3159 CREIGHTON RD  
PENSACOLA FL 32504**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VT  
TERRI LYNNE MIELNICZUK  
3159 CREIGHTON RD  
PENSACOLA FL 32504**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**William Mielniczuk, Jr. 6-4-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)