

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90372 032 ***150.00

DOCUMENT # P95000017938

1. Entity Name

PROGRESSIVE INTERNATIONAL REALTY, INC.

Principal Place of Business

29817 U.S. Hwy 19 N,
~~20870 US HWY 19 N~~
~~SUITE 300~~
CLEARWATER FL 34621
US

Mailing Address

PO BOX 15312
CLEARWATER FL 33766-5312
US

2. Principal Place of Business

29817 U.S. Hwy 19 N

3. Mailing Address

P.O. Box 15312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Clearwater

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

FL 33761

Country

USA

Zip

33766

Country

4. FEI Number

59-3301849

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

~~RANSBERGER, JOSEPH D~~
~~20870 US HWY 19 N~~
~~#300~~
CLEARWATER FL 33761

Bonnie Yalcin
29817 U.S. Hwy 19 N
Clearwater, FL 33761

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

Bonnie Yalcin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 may
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YALCIN, TERRY	
STREET ADDRESS	20870 US HWY 19 N #300	
CITY-ST-ZIP	CLEARWATER FL 33766	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	TERRY YALCIN	
STREET ADDRESS	29817 U.S. Hwy 19 N	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Terry Yalcin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000 727.781.72