## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P95000026332 1. Entity Name PROGRESSIVE INVESTMENTS, INC. 04-25-2000 90123 039 \*\*\*150.00 Mailing Address Principal Place of Business 4. 9. 4 8053 PORPOISE DR. PO BOX 522534 MARATHON SHORES FL 33052-2534 MARATHON FL 33050 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANKLIN D. GREENMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 5800 OVERSEAS HWY, SUITE 40 MARATHON FL 33050 City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change TITLE □ Defete TITLE PINKUS, JEFFREY M NAME NAME STREET ADDRESS STREET ADDRESS 8053 PORPOISE DR. CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050-2534 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition <sup>¹</sup>□ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 attachine it with an address with all other like empowered.

SIGNATURE

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 04/19/00

305-743-2704

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