

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91389 017 \*\*\*150.00

0026708 AV

**DOCUMENT # P95000076285**

1. Entity Name  
**PROGASCO CORP.**

Principal Place of Business  
**8888 KERSEY DR**  
**JACKSONVILLE FL 32216**  
**US**

Mailing Address  
**8888 KERSEY DRIVE**  
**JACKSONVILLE FL 32216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3487 WINDY Hill PL**  
 Suite, Apt. #, etc.

3. Mailing Address

**9378 ARLINGTON Ex-WAY**  
 Suite, Apt. #, etc.  
**# 307**

City & State  
**JACKSONVILLE FL**

City & State  
**JACKSONVILLE FL**

4. FEI Number **59-3337370**

Applied For  
 Not Applicable

Zip  
**32246**

Country  
**US**

Zip  
**32225**

Country  
**US**

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

**LUCIANO, MELVIN**  
**8888 KERSEY DRIVE**  
**JACKSONVILLE FL 32216**

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 *Melvin Luciano* 3/18/02  
 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

TITLE **P** ☐ Delete  
 NAME **LUCIANO, MELVIN**  
 STREET ADDRESS **8888 KERSEY DRIVE** **3487 WINDY Hill PL**  
 CITY-ST-ZIP **JACKSONVILLE FL** **JAX FL 32246**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPS** ☐ Delete  
 NAME **LUCIANO, YVETTE Z.**  
 STREET ADDRESS **8888 KERSEY DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melvin Luciano*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02  
 Date

(904) 721-5431  
 Daytime Phone #

CR2E034 (9/01)