

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90168 003 ***150.00

0326165 AV

DOCUMENT # P96000001597

1. Entity Name

PROGRESSIVE DESIGN AND DEVELOPMENT CONSULTANTS, INC.

Principal Place of Business

**1011 EAST LAS OLAS BLVD
FORT LAUDERDALE FL 33301**

Mailing Address

**5561 S.W. 6TH STREET
PLANTATION FL 33317**

2. Principal Place of Business

1243 EAST LAS OLAS

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

SUITE 202

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL 33301

City & State

PLANTATION FL 33317

Zip

33301

Country

U.S.

Zip

33317

Country

U.S.

4. FEI Number

65-0635379

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLLIO, DAVID W
5561 SW 6TH ST
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/2002

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **POLLIO, DAVID W**
CITY-ST-ZIP **5561 S.W. 6TH STREET
PLANTATION FL 33317**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **POLLIO, PATRICIA A**
CITY-ST-ZIP **5561 S.W. 6TH STREET
PLANTATION FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

DAVID POLLIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/2002 (954) 295-5589

CR2E034 (9/01)