## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013371  1. Entity Name PROGRESSIVE CREATIONS INC.					Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90361 005 ***150.00			
Principal Place of Business  8750 GLADIOLUS DRIVE  8750 GLADIOLUS DRIVE  PMB 319  FORT MYERS FL 33908  Mailing Address  8750 GLADIOLUS DRIVE  PMB 319  FORT MYERS FL 33908								
	Place of Business  SO. TAMIAM TR.  1. #, etc.	3. Mailing Address	ailing Address P.O. BOX 382		DO NOT WRITE IN THIS SPACE			
Zip	MYERS, FL 33908 908 LEE	City & State  GREENBRIER  Zip  37073	TN Country ROBERTS	5.	<u> </u>	\$8.75 Ac		
6. Name and Address of Current Registered Agent  DRUMM, MARIA L ATTY. 6201 PRESIDENTIAL COURT, S.W. SUITE 105 FORT MYERS FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code				
SIGNATURE  9. This corpo	e named entity submits this statement for Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	d title if applicable. (NOT	s registered office of E. Registered Agent signal III FEE IS \$150	ature required when re	einstating)  10. Election Campaign Financir	DATE \$5.0	<b>00</b> May Be	
(See criteria on back)  OFFICERS AND D		Make Check Payable to Department of St		nt of State	Trust Fund Contribution.		d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, DEAN G 8750 GLADIOLUS DRIVE FORT MYERS FL 33908	<b>K</b> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES 16520		<b>X</b> ] Change 8−144	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUGHES, NORMA J 8750 GLADIOLUS DRIVE FORT MYERS FL 33908	<b>√</b> Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	ST HUGHES 16520	YERS, FL 33908 5, NORMA J. SO.TAMIAMI TR. YERS, FL 33908	<b>⊊</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	I ORT I	TIBROYED 33300	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Change	Addition	

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 attachment with an address, with all other like empowered. 1-800-811

SIGNATURE: Phorma Hj. hughes / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR