2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P.96000018308 PROGRESSIVE TECHNOLOGY GROUP, INC. 03-12-2001 90466 016 ***150.00 Mailing Address Principal Place of Business PROGRESSIVE TECH GRP1808HOWELL BRACH RD PROGRESSIVE TECH GRP1808HOWELL BRACH RD STE 1 STE 1 WINTER PARK FL 32789 WINTER PARK FL 32789 lus 3. Mailing Address 2. Principal Place of Business SAME AS ABUVE Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3362069 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 DICKERSON, DOUGLAS R Street Address (P.O. Box Number is Not Acceptable) 5367 ENDICOTT PLACE_ OVIEDO FL 32765-6182 Zip Code FL ibmlits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity is NO CHUNCES PRESIDER Douglas R (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. OFFICERS AND DIRECTORS 12. □ Change ☐ Addition ☐ Delete TITLE TITLE DICKERSON, DOUGLAS R NAME NAME STREET ADDRESS STREET ADDRESS 5367 ENDICOTT PLACE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765-6182 Change Addition Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME 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 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.

FILED