

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041747

1. Entity Name

PROGRESSIVE POOL TILE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90103 013 ***150.00

Principal Place of Business

1227 NW 14TH AVE
CAPE CORAL FL 33909

Mailing Address

1227 NW 14TH AVE
CAPE CORAL FL 33993-6041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0670383

Applied For

Not Applicable

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

BRYANT, JASON
1227 NW 14TH AVE
CAPE CORAL FL 33909

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BRYANT, JASON	
STREET ADDRESS	1227 NW 14TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZELLER, LAUNA M	
STREET ADDRESS	1227 NW 14TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Montanye, Michael	
STREET ADDRESS	717 SE 11TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, LAUNA M	
STREET ADDRESS	1227 NW 14TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, JASON	
STREET ADDRESS	1227 NW 14TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jason Bryant Jason Bryant

941-458-8578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)