## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

TAMPA FL 33624

3. Mailing Address

City & State

Suite, Apt. #, etc.

4516 W LINEBAUGH AVE

## DOCUMENT # **P96000053860**

1. Entity Name

TAMPA FL 33624

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

4516 W LINEBAUGH AVE

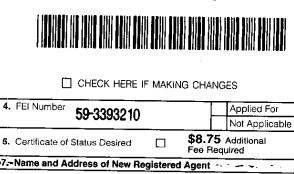
PROGRESSIVE TELECOM, INC.



## FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90245 021 \*\*\*150.00

20008128



	Country	Zíp	Count	ry	5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent							
DIMARTINO, JOHN 4516 W LINEBAUGH AVE				Name		<u> </u>	
				Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 3362	24		<u> </u>	<del></del>			
٠,			ļ	City		Fi	Zip Code
<ol><li>The above named the obligations of</li></ol>	d entity submits this statement registered agent.	nt for the purpose of chang	ging its registered	d office or regi	stered agent, or both, in the State of Flor	ida. I am fa	amiliar with, and accept
SIGNATURE	ala 8. Man	to			1/11/03		
Smatur	e, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature req	uired when reinstating)	DATE	<del></del>
After May	OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550. ble to Florida Departmen	00 t of State			Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees
					1		

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME DIMARTINO, JOHN NAME 4516 W LINEBAUGH AVE STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete "TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SERVINED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03 813 962 6169
Daytime Phone #

CR2E034 (10/02)