

DOCUMENT # P96000080911	
1. Entity Name PROGRESSIVE PERSONNEL INC.	

Principal Place of Business 7026 W HILLSBOROUGH AVE TAMPA FL 33634 US	Mailing Address P.O. BOX 21583 TAMPA FL 33622-1583 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
BELL, MICHAEL A 18230 DOLLYBROOK LN. LUTZ FL 33549	

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
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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, 2001 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	P <input type="checkbox"/> Delete
NAME	BELL, MICHAEL A
STREET ADDRESS	18230 DOLLYBROOK LN.
CITY-ST-ZIP	LUTZ FL 33549
TITLE	D <input type="checkbox"/> Delete
NAME	BELL, MELVIN J
STREET ADDRESS	9302 ATTENBURY DR.
CITY-ST-ZIP	TAMPA FL 33615
TITLE	D <input type="checkbox"/> Delete
NAME	BELL, TOMMY A
STREET ADDRESS	8649 N. HIMES AVE.
CITY-ST-ZIP	TAMPA FL 33614
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MELVIN J
STREET ADDRESS	6828 FOUNTAIN CT.
CITY-ST-ZIP	TAMPA FL 33634
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, TOMMY A
STREET ADDRESS	15109 LAUREL COVE CIR.
CITY-ST-ZIP	ODESSA, FL 33556
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: <i>Michael A. Bell</i>	Michael A. Bell	1/5/01	(813) 243-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90004 026 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3405123	Applied For
		Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

CR2E034 (10/00)