## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## P96000095882 DOCUMENT #

1. Entity Name

Principal Place of Business

PROGRESSIVE RECOVERY, INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90124 027 \*\*\*150.00

COCOA FL 3			COCOA FL 32926						30	1100 Li	<b>;</b>
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Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
			City & State			4. FEI Number 31-1485		1-1485127	127 Applied For Not Applicab		
Zip		Country	Zip	Country		<b>5.</b> C	ertificate of Sta	tus Desired		\$8.75 Ad	dditional
	6. Name	and Address of Current Re	egistered Agent	1		7. N	ame and Addr	ess of New I	Registere		
					Name						
YODER, CRAIG A					Street Addres	ss (P.O. Bo	x Number is N	ot Acceptable	e)	-	
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COCOA6F	L 32926			ĺ							
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8. The above the obligati	named entity ions of registe	submits this statement for the red agent.	ne purpose of changing it	ts registered	office or regis	stered age	nt, or both, in th	ne State of Fl	orida. Lai	m familiar with	, and accept
SIGNATURE .				<u>-</u>							
	Signature, typed o	r printed name of registered agent and	title if applicable. (NO	TE: Registered Ag	ent signature requ	uired when rein	stating)	P	DATE		
						1					
After	May 1, 2003	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of Si	tate					Campaign Fi d Contributio	_		00 May Be d to Fees
After	May 1, 2003	3 Fee will be \$550.00		<b>11</b> .		ADE	Trust Fun	d Contributio	n	L) Adde	d to Fees
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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 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR