

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90001 007 ***150.00

DOCUMENT # **P97000001207**

1. Entity Name

PROGRESSIVE TITLE, INC.

Principal Place of Business

**2374 PINE TERRACE
 SARASOTA, FL. 34231**

Mailing Address

**2374 PINE TERR.
 SARASOTA, FL. 34231**

2. Principal Place of Business

2374 PINE TERRACE

3. Mailing Address

2374 PINE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-07-16564

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**MCCRAY, Cathy A.
 2374 PINE TERRACE
 SARASOTA, FL. 34231**

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 registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!!
 After MAY 1, 2001
 Make Check Payable**

**FEES \$150.00
 Fee will be \$550.00
 to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**D
 MCCRAY, Cathy A.
 2374 PINE TERRACE
 SARASOTA, FL 34231**

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

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TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 19.07(3)(f), 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.

SIGNATURE:

Cathy A. McCray
 CATY A. MCCRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 941-923-8813

Date

Signature

CR20034 (11/00)