

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001207

1. Entity Name
PROGRESSIVE TITLE, INC.

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90227 024 ***150.00

0516958
AV

Principal Place of Business
2374 PINE TERRACE
SARASOTA FL 34231

Mailing Address
2374 PINE TERRACE
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13141 MCGREGOR Blvd
8

3. Mailing Address
13141 MCGREGOR Blvd
8

City & State
FT. MYERS, FL

City & State
FT. MYERS FL.

4. FEI Number 65-0716564
Applied For
Not Applicable

Zip 33919 Country LEE

Zip 33919 Country LEE

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 CATHY A. MCCRAY
Street Address (P.O. Box Number is Not Acceptable)
13141 MCGREGOR Blvd
8
City FT. MYERS FL 33919

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 *Cathy A. McCray*
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, 2002 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	D	<input type="checkbox"/> Delete
NAME	MCCRAY, CATHY A	
STREET ADDRESS	2374 PINE TERRACE	
CITY-ST-ZIP	SARASOTA FL 34231	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PIC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHY A. MCCRAY	
STREET ADDRESS	13141 MCGREGOR Blvd # 8	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	SHD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHERINE A. DELANEY	
STREET ADDRESS	13141 MCGREGOR Blvd # 8	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHONDA B. KONLEY	
STREET ADDRESS	13141 MCGREGOR Blvd # 8	
CITY-ST-ZIP	FT. MYERS, FL 33919	
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: *Cathy A. McCray* 4/8/02 941 267 6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)