2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000042853

FILED May 01, 2002 8:00 AM Secretary of State

Entity Name: PROGRESSIVE OFFICE SYSTEMS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
50 ART L ANFORE	ANE), FL 32773	US			
Current Mailing Address:			New Mailing Address:		
50 ART L ANFORE	ANE), FL 32773	US			
El Number	: 59-3461757	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and	l Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
50 ART L	A, EUGENE ANE), FL 32773	M US			
	named entity e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
the State	e of Florida.	submits this statement for the points Signature of Registered Ag		d office or registered agent, or both, Date	
the State IGNATUI	e of Florida. RE: Electro ation is eligible	onic Signature of Registered Ag	ent		
the State GNATUI	e of Florida. RE: Electro ation is eligible	onic Signature of Registered Ag to satisfy its Intangible Tax filing red ng Trust Fund Contribution ().	ent quirement and elects to do so (X).		
the State IGNATUI nis corpora ection Car FFICER: tte: ame: ddress:	e of Florida. RE: Electro ation is eligible mpaign Financii S AND DIREG	onic Signature of Registered Ag to satisfy its Intangible Tax filing red ng Trust Fund Contribution (). CTORS:) Delete EUGENE M E	ent quirement and elects to do so (X).	Date	
the State IGNATUI nis corpora ection Car	e of Florida. RE: Electro ation is eligible mpaign Financi S AND DIREC DP (PRESTERA, E 150 ART LANI SANFORD, FI V (PRESTERA, S 308 MACGRE	onic Signature of Registered Ag to satisfy its Intangible Tax filing rec ing Trust Fund Contribution (). CTORS:) Delete EUGENE M E - 32773) Delete	ent quirement and elects to do so (X). ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

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