

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059701

1. Entity Name

PROGRESSIVE STAFFING, INC.

FILED

Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90002 005 ***150.00

Principal Place of Business 2469 ENTERPRISE RD., SUITE B CLEARWATER FL 33763 US	Mailing Address 2469 ENTERPRISE RD., SUITE B CLEARWATER FL 33763 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3455911	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TINGIRIDES, STAVROS
~~2469 ENTERPRISE ROAD~~
~~CLEARWATER FL 33763~~

7. Name and Address of New Registered Agent

Name: STAVROS TINGIRIDES, ESQ
Street Address (P.O. Box Number is Not Acceptable): 804 N. BELCHER RD.
STE 100
City: CLEARWATER FL Zip Code: 33765

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: STAVROS TINGIRIDES DATE: 2/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DRIS, MICHAEL E 2469 ENTERPRISE RD STE B CLEARWATER FL <u>33763</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARIANOS, IRINI 2469 ENTERPRISE RD STE B CLEARWATER FL <u>33763</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TINGIRIDES, STAVROS 2469 ENTERPRISE RD. SUITE B CLEARWATER FL 33763 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHAEL E. DRIS, ESQ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2469 ENTERPRISE ROAD, STE B CLEARWATER FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS IRINI K. PARIANOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2469 ENTERPRISE ROAD, STE. B CLEARWATER FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STAVROS TINGIRIDES, ESQ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 804 N. BELCHER RD., STE 100 CLEARWATER FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MICHAEL E. DRIS, PRES DATE: 2/5/01 DAYTIME PHONE #: (727) 712 9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)