

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000076292** ✓
 1. Entity Name
PRO-Gressive Marketing & Sales INC

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90090 039 ***158.75

Principal Place of Business

Mailing Address

C0043112

2. Principal Place of Business

3649 HWY 17

3. Mailing Address

3649 HWY 17

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

Orange Park, FL

City & State

Orange Park FL

4. FEI Number

59-354-3704

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32073

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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 **Laura Lincoln**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/00

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

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT**
 NAME **WAYNE LINCOLN**
 STREET ADDRESS **3649 HWY 17 Suite 4**
 CITY-ST-ZIP **Orange Park FL 32073**

☐ Delete

TITLE
 NAME
 STREET ADDRESS **3649 HWY 17 Suite 4**
 CITY-ST-ZIP **Orange Park FL 32073**

☒ Change

☐ Addition

TITLE **VP**
 NAME **Laura LINCOLN**
 STREET ADDRESS **3649 HWY 17 Suite 4**
 CITY-ST-ZIP **Orange Park FL 32073**

☐ Delete

TITLE
 NAME
 STREET ADDRESS **3649 HWY 17 Suite 4**
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change

☐ 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:

Laura Lincoln

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA LINCOLN

Date

3/17/00

Daytime Phone #

904-269-7311

CR2E034 (9/99)