

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90500 034 \*\*\*150.00

**DOCUMENT # P97000076292**

1. Entity Name  
**PRO-GRESSIVE MARKETING & SALES, INC.**



Principal Place of Business  
**3649 HWY 17**

Mailing Address  
**3649 HWY 17**

**4**  
**ORANGE PARK FL 32073**  
**US**

**4**  
**ORANGE PARK FL 32003**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3543704**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**CAMP, LAURA**  
**4848 RAGGEDY POINT RD.**  
**ORANGE PARK FL 32003**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☐ Delete  
NAME: **LINCOLN, WAYNE A**  
STREET ADDRESS: **3649 HWY 17 STE 4**  
CITY-ST-ZIP: **ORANGE PARK FL 32073**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **ST** ☐ Delete  
NAME: **CAMP LINCOLN, LAURA**  
STREET ADDRESS: **3649 HWY 17 STE 4**  
CITY-ST-ZIP: **ORANGE PARK FL 32073**

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
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CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Laura Lincoln* 1/15/03 9042697311

CR2E034 (10/02)