

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000101983**

1. Entity Name

PROGRESS-TRADING-INC.**FILED**
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90041 016 ***158.75

Principal Place of Business

Mailing Address

7500 UNIVERSAL BLVD
ORLANDO FL 32819
US14203 LORD BARCLAY DR
ORLANDO FL 32837-5403
US

DUU13700

2. Principal Place of Business

3. Mailing Address

7472 Universal Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO Florida

4. FEI Number

59-3497820

Applied For

Not Applicable

Zip

Country

Zip

Country

32819**ORANGE**5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSSMANN, DAVID
14203 LORD BARCLAY DR
ORLANDO FL 32837

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** may
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GROSSMANN, DAVID**
STREET ADDRESS **14203 LORD BARCLAY DR**
CITY-ST-ZIP **ORLANDO FL 32837**TITLE **D** ☐ Delete
NAME **PENNA, PAULO E**
STREET ADDRESS **14203 LORD BARCLAY DR**
CITY-ST-ZIP **ORLANDO FL 32837**TITLE **D** ☐ Delete
NAME **NOBREGA, JOSE R**
STREET ADDRESS **14203 LORD BARCLAY DR**
CITY-ST-ZIP **ORLANDO FL 32837**TITLE ☐ Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/00

Date

407-351-C

Daytime Phone #