2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000033557** Apr 03, 2000 8:00 am Secretary of State PROGRESSIVE STAFFING III, INC. 04-03-2000 90176 031 ***150.00 Principal Place of Business Mailing Address 2469 ENTERPRISE ROAD 2469 ENTERPRISE ROAD **CLEARWATER FL 33763-1702** CLEARWATER FL 34623 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3509835 Not Applicable Country Zip Country \$8.75 Additional -5 .- Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TINGIRIDES, STAVROS ESQ Street Address (P.O. Box Number is Not Acceptable) 2469 ENTERPRISE RD STE B **CLEARWATER FL 33763** Zip Code FŁ 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. D/P 🕅 Change Addition TITLE TITLE ☐ Delete Dris, Michael E. DRIS, MICHAEL E ESQ NAME NAME 2469 Enterprise Road, Suite B 2469 ENTERPRISE RD STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP Clearwater, FL 33763 X Change Addition ☐ Delete TITLE TITLE Parianos, Irini K. PARIANOS, IRINI NAME 2469 Enterprise Road, Suite B 2469 ENTERPRISE RD STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Clearwater, FL 33763 CITY-ST-7/F CLEARWATER FL Addition TITLE ☐ Delete TITLE Tingirides, Stavros NAME NAME 2469 Enterprise Road, Suite B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Clearwater, FL 33763 CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CrtY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS 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 12 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