

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90002 006 ***150.00

DOCUMENT # P98000033557

1. Entity Name

PROGRESSIVE STAFFING III, INC.

Principal Place of Business

**2469 ENTERPRISE ROAD
 CLEARWATER FL 34623**

Mailing Address

**2469 ENTERPRISE ROAD
 CLEARWATER FL 34623**

2. Principal Place of Business

2469 ENTERPRISE RD.

3. Mailing Address

2469 ENTERPRISE RD.

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3509835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TINGIRIDES, STAVROS ESQ

**2469 ENTERPRISE RD STE B
 CLEARWATER FL 33765**

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

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

STAVROS TINGIRIDES

(NOTE: Registered Agent signature required when reinstating)

2/5/01

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, 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 ESQ 2469 ENTERPRISE RD STE B CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARIANOS, IRINI 2469 ENTERPRISE RD STE B CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TINGIRIDES, STAVROS 2469 ENTERPRISE RD STE B CLEARWATER FL	<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 2469 ENTERPRISE RD, STE. B. CLEARWATER FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS IRINI K. PARIANOS 2469 ENTERPRISE RD., STE B. CLEARWATER FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAVROS TINGIRIDES, ESQ 804 N. BELCHER RD., STE 100 CLEARWATER, FL 33765	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. DRIS, PRES

Date

2/5/01 (727) 712-9121

Daytime Phone #

CR2E034 (10/00)