

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033580

1. Entity Name
PROGRESSIVE STAFFING IV, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90090 033 ***150.00

Principal Place of Business

Mailing Address

2469 ENTERPRISE ROAD
CLEARWATER FL 34623

2469 ENTERPRISE ROAD
CLEARWATER FL 34623

2. Principal Place of Business

2469 ENTERPRISE RD.

3. Mailing Address

2469 ENTERPRISE RD.

Suite, Apt. #, etc.

STE B

Suite, Apt. #, etc.

STE B

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33763

Country

USA

Zip

33763

Country

USA

4. FEI Number

59-3509833

Applied For

Not Applicable

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

TINGIRIDES, STAVROS ESQ

2469 ENTERPRISE RD STE B

CLEARWATER FL 33763

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

STAVROS TINGIRIDES

2/1/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME DRIS, MICHAEL E ESQ
STREET ADDRESS 2469 ENTERPRISE RD STE B
CITY-ST-ZIP CLEARWATER FL

☐ Delete

TITLE DP
NAME MICHAEL E. DRIS, ESQ
STREET ADDRESS 2469 EN
CITY-ST-ZIP CLEARWATER FL 33763

☒ Change ☐ Addition

TITLE ~~D~~
NAME ~~PARIANOS, IRINI~~
STREET ADDRESS ~~2469 ENTERPRISE RD STE B~~
CITY-ST-ZIP ~~CLEARWATER FL~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS
NAME PARIANOS, IRINI K
STREET ADDRESS 2469 ENTERPRISE RD STE B
CITY-ST-ZIP CLEARWATER FL 33763

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME TINGIRIDES, STAVROS
STREET ADDRESS 2469 ENTERPRISE ROAD STE B
CITY-ST-ZIP CLEARWATER FL 33763

☐ Delete

TITLE DV
NAME STAVROS TINGIRIDES, ESQ
STREET ADDRESS 804 N. BELCHER RD. STE 100
CITY-ST-ZIP CLEARWATER FL 33765

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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:

[Signature]

MICHAEL E. DRIS, PRES 2/5/01

Date

(727) 712-9121

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)