

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90124 017 ***158.75

03/30/19 AV

DOCUMENT # P98000043108

1. Entity Name
PROGRESSIVE OFFICE FURNITURE INSTALLATION, INCORPORATED



Principal Place of Business
**5121 NW 108TH AVE
SUNRISE FL 33351
US**

Mailing Address
**5121 NW 108TH AVE
SUNRISE FL 33351
US**

11063184



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 **65-0836271**

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

FRANCIS, WARREN

400 NW 141AVE

APT #101

PEMBROKE PINES FL 33028

Name

Francis, Warren

Street Address (P.O. Box Number is Not Acceptable)

13741 NW 16th Street

City

Pembroke Pines

FL

Zip Code

33028

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FRANCIS, WARREN ☐ Delete
400 NW 141 AVE #101
PEMBROKE PINES FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
13741 NW 16th Street
Pembroke Pines, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WASHINGTON, DELORES ☐ Delete
400 NW 141 AVE #101
PEMBROKE PINES FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Washington Francis, Delores
13741 NW 16th Street

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Delores Washington-Francis

1/20/03

954-442-1920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)