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

## **FILED** DOCUMENT # P98000096775 Mar 16, 2000 8:00 am Secretary of State THE PROGRESSIONS GROUP, INC. 03-16-2000 90091 027 \*\*\*150.00 Principal Place of Business Mailing Address 6751 CALAIS AVENUE 6751 CALAIS AVENUE COCOA FL 32927-3627 COCOA FL 32927-3627 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 93-1256723 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONAHUE, SEAN J Street Address (P.O. Box Number is Not Acceptable) 6751 CALAIS AVENUE COCOA FL 32927-3627 City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change Addition Moore, Michael DONAHUE, SEAN J NAME NAME 6751 CALAIS AVENUE 10875 Chatburn Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL 32927-3627 CITY-ST-ZIE Duluth, GA 30097 ☐ Addition TITLE ☐ Change TITI.E Delete KIES. SHANNON M NAME NAME **6751 CALAIS AVENUE** STREET ADDRESS STREET ADDRESS COCOA FL 32927-3627 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

3. 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 fike experienced.

SIGNATURE:X\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sean J. Donahue

407-356-9687

Daytime Phone #