## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000099533

1. Entity Name PROGRESSIVE GRAPHICS, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90224 019 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP  SPIEZIO, MICHAEL A  14000 LA SALINAS-CIRCLE BOGA RATION FL 33428,  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  POMPINO B-CA OLITY ST 330672	9872 S. MILITARY TRAIL #K2 BOYNTON BEACH FL 33436  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  SPREZIO, LYNN R	Ap No 8.75 Addee Required	oplied For ot Applicable
Suite, Apt. #, etc.   Check Here IF Making CHANGES   Suite, Apt. #, etc.   Check Here IF Making CHANGES   Suite, Apt. #, etc.   Check Here IF Making CHANGES   Applied for	2. Principal Place of Business  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  SPREZIO, LYNN R	Ap No 8.75 Addee Required	oplied For ot Applicable
City & State  Country  S. Conflictor of Status Desired  S. Conflictor of Status Desired Agent  S. Conflictor of Status De	City & State  City & State  City & State  4. FEI Number 65-0877874  Zip  Country  Zip  Country  5. Certificate of Status Desired  Fe  6. Name and Address of Current Registered Agent  Name  SPREZIO, LYNN R	Ap No <b>8.75</b> Add se Required	t Applicable
Zip Country Zip Country 5. Certificate of Status Desired 58.75 Additional Fee Required 3.8.75	Zip Country Zip Country 5. Certificate of Status Desired 5.  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  SPREZIO, LYNN R	8.75 Add	t Applicable
SPREZIO, LYNN R  11690 LA ALIMAS CIRCLE 37 0 52  STORE AND WITH FELE STOOD  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE  SPIEZIO, MICHAEL A  SPREZIO, Back Number is Not Acceptable)  Street Address (RO. Back Number is Not Acceptable)  Street Address (RO	6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  SPREZIO, LYNN R	ee Required	ditional
SPREZIO, LYNN R  11600 LA SALINAS CIRCLE  3 3 0 G a  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered department of State  SIGNATURE  Segulation, (pool See will be SS50.00  After May 1, 2003 Fee will be SS50.00  After May 1, 2003 Fee will be SS50.00  After May 1, 2003 Fee will be SS50.00  Make Check Payable to Priorida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITE  SPID  SEPEZIO, MICHAEL A  INVE  SIRET ADDRESS  CITY-ST-2P  TITE  MAKE  SIRET ADDRESS  CITY-ST-2P  T	SPREZIO, LYNN R	ent	d
SPREZIO, LYNN R  11600 LA SALINAS CIRCLE  3 3 0 G a  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered department of State  SIGNATURE  Segulation, (pool See will be SS50.00  After May 1, 2003 Fee will be SS50.00  After May 1, 2003 Fee will be SS50.00  After May 1, 2003 Fee will be SS50.00  Make Check Payable to Priorida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITE  SPID  SEPEZIO, MICHAEL A  INVE  SIRET ADDRESS  CITY-ST-2P  TITE  MAKE  SIRET ADDRESS  CITY-ST-2P  T	SPREZIO, LYNN R		
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11600 LA CALINAS CIRCLE   A TIVE   Delete   De	Silect Address (r.O. Dox Notificer is Not Acceptable)		
BOCA FRATON FIL 33428  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept speakers agent.  FILE NOWIII FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	11000 LA SALINAS CIRCLE 3717 SE /4 M &1'		1
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accepting obligations of registered agent.    SIGNATURE			
THE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SI	7.7 m f =	Zip Code	e
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE SPEZIO, MICHAEL A 1000 1 A SALHAAS CIRCLE BOGA RATON FL 33428.  TITLE SPEZIO, EVELYN R STREET ADDRESS CITY-ST-ZIP  TITLE BOCA RATON FL 33428  TITLE SPEZIO, EVELYN R STREET ADDRESS CITY-ST-ZIP  TITLE BOCA RATON FL 33428  TITLE SPEZIO, EVELYN R STREET ADDRESS CITY-ST-ZIP  TITLE BOCA RATON FL 33428  TITLE BOCA RA	After May 1, 2003 Fee will be \$550.00		
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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:** 

MOUNDINE REQUIRED
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+-14-03 (561-736-/02-)

CR2E034 (10/02)