

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91238 022 ***150.00

DOCUMENT # P98000104716

1. Entity Name
PROGRESSIVE DRIVER SERVICES OF JACKSONVILLE, INC

Principal Place of Business

**2000 CORPORATE SQUARE BLVD.
 JACKSONVILLE FL 32216**

Mailing Address

**P.O. BOX 17775
 JACKSONVILLE FL 32245**

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 59-3546759

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

**FAWBUSH, ANDREW J
 50 N.LAURA ST., SUITE 2800
 JACKSONVILLE FL 32202**

Name

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

City

FL

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

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, 2002 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 ☐ Delete
NAME **DP HARMON, DOUG**
STREET ADDRESS **3061 S. PONTE VEDRA BLVD.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **8246 Riding Club Road**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE ☐ Delete
NAME **D WHALEY, GARLAND G**
STREET ADDRESS **9386 JONES ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D KRITZMAN, LESLIE G**
STREET ADDRESS **11142 RIFLE RUN RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D HIRTE, JOHN R**
STREET ADDRESS **2152 SPINNING WHEEL LANE**
CITY-ST-ZIP **CINCINNATI OH 45244**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D LEE, ROBERT R**
STREET ADDRESS **1933 SEMINOLE ROAD**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD HARMON, LINDA L**
STREET ADDRESS **3061 S. PONTE VEDRA BLVD.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **8246 Riding Club Road**
CITY-ST-ZIP **Jacksonville FL 32256**

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:

DOUG HARMON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-02 (904) 724-2864

CR2E034 (9/01)