

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020085

1. Entity Name

PROGRESSIVE CONSULTANTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90202 029 ***150.00

Principal Place of Business

2120 N.E. 21ST ST.
FT. LAUDERDALE FL 33305

Mailing Address

2120 N.E. 21ST ST.
FT. LAUDERDALE FL 33305-2523

2. Principal Place of Business

7237 NW 62 Ter

Suite, Apt. #, etc.

3. Mailing Address

7237 NW 62 Ter

Suite, Apt. #, etc.

City & State

Parkland FL

City & State

Parkland FL

4. FEI Number

65 0900 225

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

USA

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

CORSO, ROY E
2120 N.E. 21ST ST.
FT. LAUDERDALE FL 33305

Name

Virtue John

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

7237 NW 62 Ter

City

Parkland FL 33067

FL

Zip Code

33067

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D CORSO, ROY E 6221 N.W. 74TH CT. PARKLAND FL 33067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRTUE, JOHN L 7237 N.W. 62ND TERR. PARKLAND FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)