

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90099 030 ***150.00

0132272

DOCUMENT # P99000020085

1. Entity Name

PROGRESSIVE CONSULTANTS, INC.

Principal Place of Business

7237 NW 62 TERRACE
 POMPANO BEACH FL 33067

Mailing Address

7237 NW 62 TERRACE
 POMPANO BEACH FL 33067

2. Principal Place of Business

14545-J Military Trail

3. Mailing Address

14545-J Military Trail

Suite, Apt. #, etc.

#145

Suite, Apt. #, etc.

#145

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

Zip

33484-3781

Country

USA

Zip

33484-3781

Country

USA

4. FEI Number

65-0900225

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

John L Virtue

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

14545-J Military Trail

#145

City

Delray Beach

FL

Zip Code

33484-3781

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

4/27/2001

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, 2001 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

TITLE **D** ☒ Delete
 NAME **CORSO, ROY E**
 STREET ADDRESS **6221 N.W. 74TH CT.**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **D** ☐ Delete
 NAME **VIRTUE, JOHN L**
 STREET ADDRESS **7237 N.W. 62ND TERR.**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001 954-563-2900

Date

Daytime Phone #

CR2E034 (10/00)