2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069686

1. Entity Name

SIGNATURE:

PROGRESSIVE DEVELOPMENT, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

Daytime Phone #

| | | | | | | | 01-25-2000 9002 | 7 024 *** | 150.00 | | |
|--|--|---|---|--|--|--|---|---|---|---|--|
| Principal Place | e of Business | | Mailing Address | | | | | | | | |
| 3712 BARCELONA STREET TAMPA FL 33629 | | | 3712 BARCELONA STREET TAMPA FL 33629-6904 | | | ļ | | | | | |
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| 2. Principal P | lace of Busines | SS | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITI | E IN THIS SI | | | |
| City & State | | | City & State | | | 4. F | 59-3590L | | No | plied För nt Armiller I | |
| Zip | Zip Country | | Zip Count | | ntry | 5. Certificate of Status Desired | | | S8.75 Additional Fee Required | | |
| | 6. Name a | nd Address of Current R | egistered Agent | | | 7. N | lame and Address of New Re | gistered A | jent | | |
| - | | | - | | Name | | | 4. | | • | |
| 3712 | ES, GREG BARCELON | | | | Street Ad- | dress (P.O. B | ox Number is Not Acceptable) | | | | |
| (IAMI | PA FL 33629 | | | _ | City | | | FL | Zip Code | | |
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| CICNIATURE | | submits this statement for printed name of registered agent an | | | | | ent, or both, in the State of Flor | DATE | | | |
| | Signature, typed or | printed name of registered agent an | d title if applicable. (NC |) I E: Register | ed Agent signature | required when re | enstating) | 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 St | | | 0.00 | 10. Election Campaign Fina Trust Fund Contribution | | | O May Be I to Fees | |
| 11 | | OFFICERS AND D | IRECTORS | 12. | | AD | DITIONS/CHANGES TO OFFI | CERS AND | DIRECTORS | S IN 11 | |
| TITLE | D | | ☐ Delete | TITE | | | | | ☐ Change | Additic | |
| NAME JONES, GREG STREET ADDRESS 3712 BARCELONA STREET CITY-ST-ZIP TAMPA FL 33629 | | | | | ME REET ADDRESS Y-ST-ZIP | | | | | | |
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| NAME STREET ADDRESS | | | | NAM Str | REET ADDRESS | | | | | | |
| CITY-ST-ZIP |) | | | | Y-ST-ZIP | | | | | | |
| 13. I hereby of indicated of the corphanged, | certify that the on this report poration or the or on an attac | information supplied with or supplemental report is receiver or trustee emporthment with an address w | this filing does not qualify force and accurate and that be decute this report that all other like empowere | for the exe t my signa rt as requed. | emption state ature shall ha iired by Chap | d in Section ve the same l ter 607, Florid | 119.07(3)(i), Florida Statutes. I legal effect as if made under o da Statutes: and that my name | further certi ath; that I ar appears in | ry that the ir n an officer Block 11 or | nformation or director Block 12 i | |