

001.28 000 21P No 948 P. 1 of 2  
P99000088715

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0380

From:

Account Name : THE HOGAN LAW FIRM  
Account Number : I20010000137  
Phone : (352)799-8423  
Fax Number : (352)799-8294

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03 JUL 28 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

PROGRESSIVE CONCEPTS, INC.

RECEIVED  
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DIVISION OF CORPORATIONS

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Estimated Charge      | \$87.50 |

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No. 3948 P. 2

H03000-111382

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Progressive Concepts, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P99000088715

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Hogan

(Name of Person)

The Hogan Law Firm

(Name of Firm/Company)

20 South Broad Street

(Address)

Brooksville, FL 34601

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Hogan

(Name of Person)

at ( 352 ) 799-8423

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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Jul. 28. 2003 3:21PM  
H030002417381

No. 3948 P. 3

FILED  
03 JUL 28 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Thomas S. Hogan, Jr.

(Name of Registered Agent)

hereby resigns as Registered Agent for Progressive Concepts, Inc.

(Name of Corporation)

P99000088715

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

H030002417381