

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT #

1. Entity Name

Progressus Inc.

999000100450 A

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90023 019 \*\*\*150.00

Principal Place of Business

Mailing Address

~~9924 NW 46ct~~  
~~Sunrise FL 33351~~

New address  
P.O. Box 452136  
Sunrise FL 33345-2136

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

650 966613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Harold Egeberg New address  
9924 NW 46ct 8461 Springtree Dr  
Sunrise FL 33351 #302 A  
Sunrise FL 33351

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

Harold Egeberg

Harold Egeberg

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. President OFFICERS AND DIRECTORS

TITLE	<u>Harold Egeberg</u>	<input type="checkbox"/> Delete
NAME	<u>Harold Egeberg</u>	
STREET ADDRESS	<u>9924 NW 46ct</u>	
CITY-ST-ZIP	<u>Sunrise FL 33351</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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12.

TITLE	
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CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ 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 like empowered.

SIGNATURE:

Harold Egeberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-00 954-7427446

CR2E034 (9/99)