CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FIFD. DOCUMENT # M97464 1. Entity Name 03 MAR 10 PM 1:09 Pentucket Textiles, Inc. SECRETARY OF STATE JALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE Principal Place of Business 1427 NW 26th Ave. $^{3.}$ 1427 130 $^{3.}$ 1427 130 $^{3.}$ $^{3.}$ $^{3.}$ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0054008 Not Applicable Delray Beach, Delray Beach Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road IN THIS SPACE Plantation 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing · After May 1, Fee is \$550.00 \$5.00 May Be -Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. PD Jill M. Carroll TITLE TITLE NAME MARKE 800013988508 19 Quimby Street STREET ADDRESS STREET ADDRESS 03/12/03--01001--023 Haverhill, MA 01830 CITY-ST-ZIP CITY-ST-ZIP TÜLE NAME NAME × STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

CHY-ST-ZIP City-ST-ZIP Haverhill, MA 01831 TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Herbert P. Phillips NAME NAME STREET ADDRESS STREET ADDRESS 245 NE Mac Arthur Blvd. CITY-ST-ZIP CITY-ST-7IP Stuart, FL 34996 TITLE TITLE NAME

NAME

STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 suppliemental 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 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

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STREET-ADDRESS-

TITLE

NAME

STREET ADDRESS

Steven M. Shain

14 Stevens Street

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caytime Prone #

DO NOT WRITE

CR2E034B (12/02)