2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 289773 Apr 03, 2000 8:00 am 1. Entity Name Secretary of State PRIDE MANUFACTURING COMPANY 04-03-2000 90174 029 ***158.75 Principal Place of Business Mailing Address 211 PRIDE ROAD RR 3 BOX 6 TAMPA FL 33619-8052 **GUILFORD ME 04443** 2. Principal Place of Business Mailing Address 187 Water St Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. P.O. Box 237 City & State Applied For City & State 4. FEI Number 01-0273199 Not Applicable Guilford, ME Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 04443 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARDNER, MERRITT A. Street Address (P.O. Box Number is Not Acceptable) 501 East Kennedy Boulevard 501 E KENNEDY BLVD **SUITE 1250** Suite 1250 **TAMPA FL 33602** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD (X) Change Addition PD TITLE TITLE De!ete Ellis, William R ELLIS. WILLIAM R NAME NAME STREET ADDRESS W8175 Millie Hill Estates Dr STREET ADDRESS 1400 N WALKER CITY-ST-ZIP **IRON MOUNTAIN MI 49801** CITY-ST-ZIP Iron Mountain, MI 49801 X Addition ☐ Change TITLE ☐ Delete TITLE **ELLIS, GREGORY** Pride, Stanley G NAME STREET ADDRESS 20 FOREST PARK 2405 Ardson Pl N 904A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WATERVILLE ME 04901 Tampa, FL ☐ Change X Addition TITLE Delete ---TITLE D. HEWETT, RUSSELL NAME NAME Ellis, Ariel STREET ADDRESS STREET ADDRESS DOVER RD 3450 W Pebble Beach Ct CITY-ST-ZIP CITY-ST-ZIP MILO ME 04463 Lecanto, FL Addition ☐ Change Delete TITLE HEWETT, VANDY E. NAME NAME Pride, Robert STREET ADDRESS STREET ADDRESS DOVER RD. 258 Pine St CITY-ST-ZIP CITY-ST-ZIP MILO ME Dover-Foxeroft, ME 04426 ☐ Change X Addition ☐ Delete TITLE TITLE Pride, Liza HAWKES, DAVID NAME 482 CONGRESS ST STE 4000 STREET ADDRESS STREET ADDRESS 2405 Ardson P1 N904A CITY-ST-ZIP CITY-ST-7IF PORTLAND ME 04101 Tampa, FL ☐ Change Addition ☐ Delete TITLE TITLE ELLIS, SHIRLEY P. NAME NAME STREET ADDRESS STREET ADDRESS 3450 W PEBBLE BEACH CT CITY-ST-ZIP CITY-ST-ZIP LECANTO FL

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

207-876-3315

Daytime I

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