

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90298 039 ***150.00

DOCUMENT # M97464

1. Entity Name
PENTUCKET TEXTILES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1427 NW 26TH AVE. Suite, Apt. #, etc.	3. Mailing Address 1427 NW 26TH AVE. Suite, Apt. #, etc.
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50051146

DO NOT WRITE IN THIS SPACE

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL	4. FEI Number 65-0054008	Applied For Not Applicable
Zip 33445	Country USA	Zip 33445	Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD
City PLANTATION **FL** **Zip Code** 33324

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

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD NAME JILL M. CARROLL STREET ADDRESS 19 QUIMBY STREET CITY - ST - ZIP HAVERHILL, MA 01830	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE TD NAME STEVEN M. SHAIN STREET ADDRESS 14 STEVENS STREET CITY - ST - ZIP HAVERHILL, MA 01830	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE SD NAME HERBERT P. PHILLIPS STREET ADDRESS 245 NE MAC ARTHUR BLVD. CITY - ST - ZIP STUART, FL 34996	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like employees.

SIGNATURE: *Steven Shain* - Steven Shain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05
Date

978-374-7401
Daytime Phone #