

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90159 028 ****61.25

DOCUMENT # N94000000477

1. Entity Name

FLORIDA MANUFACTURING TECHNOLOGY CENTER, INC.

Principal Place of Business 390 N. ORANGE AVE. STE 1300 ORLANDO FL 32801 US	Mailing Address 390 N. ORANGE AVE. STE 1300 ORLANDO FL 32801 US
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2. Principal Place of Business 1801 LEE ROAD	3. Mailing Address ONE PORTLAND SQUARE
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Suite, Apt. #, etc. SUITE 115	Suite, Apt. #, etc. P.O. BOX 586
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City & State WINTER PARK, FL	City & State PORTLAND, ME
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Zip 32789	Country US	Zip 04112-0586	Country US
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4. FEI Number 59-3234349	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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00046823

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PAGE, THOMAS P 390 N ORANGE AVE STE 1300 SUITE 1205 ORLANDO FL 32801	7. Name and Address of New 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
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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 *Michael R. ...* 4-20-01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLUCHRADT, TED 390 N. ORANGE AVE., STE 1300 ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, ROBERT 2 MAIN STREET CARIBOU, ME 04736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOETSCH, DAVID 1170 FREEDOM WAY FORT WALTON BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNORS, DANA 7 COMMUNITY DRIVE AUGUSTA, ME 04330 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PECK, RICHARD 300 STEVENS AVENUE OLDSMAR FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUSSIER, GENE 708 N.E. 20TH STREET FT. LAUDERDALE, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEXANDRIS, TOM 12167 49TH ST. NORTH CLEARWATER FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP/VC PECK, RICHARD 300 STEVENS AVENUE OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/C PULKKINEN, BRUCE W. 684 ROOSEVELT TRAIL WINDHAM, ME 04901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T/S STIMAC, AL 709 COMMERCE CIRCLE LONGWOOD, FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Bruce W. Pulkkinen* BRUCE W. PULKKINEN 4/9/01 207-892-3238
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
#1794000000477
00046823 Exhibit A

FLORIDA MANUFACTURING TECHNOLOGY CENTER, INC.

Additional Directors

(following filing of previous Uniform Business Report and prior to March 21, 2001)

<u>Title</u>	<u>Name</u>	<u>Address</u>
D	Karla Aaron	8155 W. 20th Ave., Hialeah, FL 33014
D	Dennis Bourque	6393 Powers Ave., Jacksonville, FL 32217
D	Robert Byrd	3100 Southwest 10th St., Pompano Beach, FL 33069
D	Doug Johnson	5612 Jefferson Lake Rd., DeLeon Springs, FL 32130