

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000477

1. Entity Name

FLORIDA MANUFACTURING EXTENSION PARTNERSHIP, INC

FILED

Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90083 006 ****61.25

Principal Place of Business

Mailing Address

1801 LEE ROAD
SUITE 115
WINTER PARK FL 32789
US

ONE PORTLAND SQUARE
P.O. BOX 586
PORTLAND ME 04112-0586
US

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

59-3234349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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

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 D ☐ Delete
NAME CLARK, ROBERT
STREET ADDRESS 2 MAIN STREET
CITY-ST-ZIP CARIBOU ME 04736

TITLE D ☐ Change ☒ Addition
NAME JONES, KINZY
STREET ADDRESS 10555 W. FLAGLER ST., RM. 3442
CITY-ST-ZIP MIAMI, FL 33174

TITLE D ☐ Delete
NAME CONNORS, DANA
STREET ADDRESS 7 COMMUNITY DRIVE
CITY-ST-ZIP AUGUSTA ME 04330

TITLE D ☐ Change ☒ Addition
NAME KINNEY, FRANK
STREET ADDRESS 5195 S. WASHINGTON AVE.
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE DVPC ☐ Delete
NAME PECK, RICHARD
STREET ADDRESS 300 STEVENS AVE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☐ Change ☒ Addition
NAME MCGILL, PATRICIA W.
STREET ADDRESS FLORIDA A&M UNIVERSITY
CITY-ST-ZIP TALLAHASSEE, FL 32307

TITLE D ☐ Delete
NAME LUSSIER, GENE
STREET ADDRESS 708 NE 20TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE D ☐ Change ☒ Addition
NAME ASTOLFI, TED
STREET ADDRESS 2400 SE FEDERAL HWY
CITY-ST-ZIP STUART, FL 34994

TITLE DPC ☐ Delete
NAME PULKKINEN, BRUCE W
STREET ADDRESS 684 ROOSEVELT TRAIL
CITY-ST-ZIP WATERVILLE ME 04901

TITLE D/P/C ☒ Change ☐ Addition
NAME PULKKINEN, BRUCE W
STREET ADDRESS 684 ROOSEVELT TRAIL
CITY-ST-ZIP WINDHAM, ME 04062

TITLE *SEE EXHIBIT A, ATTACHED ☐ Delete
NAME FOR ADDITIONAL DIRECTOR
STREET ADDRESS
CITY-ST-ZIP

TITLE D/T/S ☐ Change ☒ Addition
NAME STIMAC, AL
STREET ADDRESS 709 COMMERCE CIRCLE
CITY-ST-ZIP LONGWOOD, FL 32750

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE W. PULKKINEN

207-892-3238

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
DOC# N94000000477
B0030845

Exhibit A

FLORIDA MANUFACTURING EXTENSION PARTNERSHIP, INC.

Additional Director

<u>Title</u>	<u>Name</u>	<u>Address</u>
D	KARR, TOM	5501 N. WASHINGTON BLVD., SARASOTA, FL 34243