## .2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N9400000477** 1. Entity Name

FILED Feb 24, 2002 8:00 am tate

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SURE AS 2798   POR BOX 386   POR CAND ME CHI2CORE US  Suite AST 4, vic.   Suite   Suite, AST 5, vic.   Suite   Suite, AST 6, vic.   DO NOT WRITE IN THIS SPACE  Cry & State   Cry & State   Suite, AST 6, vic.   Country   Suite   Suite   Suite, AST 6, vic.   Country   Suite   Su	FLORIDA	MANUFACTURING EXTENS		02-24-2002 90083 006 ****61.25					
SUITE 15 STORES STANDAMENTED PRIVATE PRIVATE STANDAMENTED PRIVATE PRIV	Principal Plac	ce of Business	Mailing Address						
Suite, Apt. #, etc.  City & State  6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 200 S PINE ISLAND ROAD  PLANTATION FL 33324  City  6. The above named entity automiss this statement for the purpose of changing its reg, stered diffice or registered agent, or both, in the state of Florida.  Signature  FILE NOW: FEE IS \$61.25  9. Election Company Financing Trust Fund Contribution.  D OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  OFFICERS AND	1801 LEE ROAD SUITE 115 WINTER PARK FL 32789 US		P.O. BOX 586 PORTLAND ME 04112-058		1 KOOKEON OKO 110 A	: (40)(1)01 BIO (4)(1) BIO)(4 BIO)(5 BIO)(1) BIO(1)			
City & State	2. Principal F	Place of Business	3. Mailing Address	ailing Address					
Somation of Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		DO NOT WRITE IN THIS SPA	CE		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  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.  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.  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.  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.  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.  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.  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.  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.  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.  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.  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.  8. The above named entity submits this statement for the purpose of Changing its registered office or registered	City & Stat	e	City & State		4. FEI Number	<del></del>			
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324  6. The above named entity submits this statement for the purpose of changing its registered disco or registered agent, or both, in the attate of Florida.  SIGNATURE	Zip	Country	Zip	Country	5. Certificate of St.				
SICNATURE    Signature   Street Address   P.O. Box Number is Not Acceptable		6. Name and Address of Curren	t Registered Agent			ress of New Registered Age	ınt		
The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the state of Forda.    City   FL   Zip Code		The second secon		Name	war in the same		÷		
PLANTATION FL 33324  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  SUMMARY, Speed or primed name of inegistered agent and title it applicable. (NOTE Registered Agent signature recurred when registering) DATE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing				Street	Address (P.O. Box Number is 1	Not Acceptable)			
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 Fiorida.  SIGNATURE    SUBMANUM   STREET ADDRESS   St.25									
SIGNATURE    Stynature, typed or context name of registered agent and the if application.   (NOTE Registered Agent Supreture required when registating)   CNTE	PLANIAII	UN PL 33324		City		FL	Zip Cod	e	
FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.    St.00 May Be Added to Fees   Make Check Payable to Department of State	8. The above	e named entity submits this statement	for the purpose of changing it	is registered office		the state of Fiorida.			
Trust Fund Contribution.    Added to Fees   Department of State	SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent sign		J. DATE			
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STREET ADDRESS 709 COMMERCE CIRCLE CITY-ST-ZIP LONGWOOD, FL 32750									
[EUNGHOOD, FE 32730									
12. 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								<del></del>	

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 received 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:

<del>UNE REQUIREB</del>BUSE W. PULKKINEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

207-892-3238

Date

Daytime Phone #

Attachment DOC#N94000000477 B0030845

## Exhibit A

## FLORIDA MANUFACTURING EXTENSION PARTNERSHIP, INC.

## Additional Director

Title Name Address

D KARR, TOM 5501 N. WASHINGTON BLVD., SARASOTA, FL 34243