2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F97000005740

1. Entity Name

BUNTING EQUIPMENT COMPANY, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91032 046 ***150.00

P.O. BOX 44	ce of Business 14 NC 27204-4414	Mailing Address P.O. BOX 4414 ASHEBORO NC 27204-44							
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			AL MBALF MBLYL BUHAL D	 	0.811 0.611 10.01	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State	City & State		4. FEI Number 56-17	FEI Number 56-1793599 App			-
Zip	Country	Zip	Country		5. Certificate of Status D	Certificate of Status Desired \$8.75 Addition Fee Required			
	6. Name and Address of Cur	rrent Registered Agent	•		7. Name and Address of	of New Registe	red Agent		1
	رمجي الهجام مجيل الإنجاز والمحادث			Name					1
HARDWIC	K III, KELLY B		Stroot Addro		nos (DO. Boy Number is Not As	oontoble)	···		┦⁻
341 W DA	IVIDSON ST., STE 301			Street Addre	ess (P.O. Box Number is Not Ac	ceptable)			ì
BARTOW									1
	•					•	FL Zip Co	de	-
	named entity submits this statement and of registered agent.	ent for the purpose of changing its	s registere	ed office or reg	istered agent, or both, in the St	ate of Florida. I	am familiar with	, and accept	7
3	3		i	,					1
SIGNATURE	Signature, typed or printed name of registered	accept and title if applicable. (MO)	TE: Bogistoro	d Agent signature re-	quired when reinstating)		ATE		ļ
基等関係的	ALL ALL DARGES CONTRACTOR CONTRAC		E. negistere	o Agent signature rec	dolled witer telestrating)				4
13.5 F	ILE NOW!!! FEE IS \$150.00	10000000000000000000000000000000000000		1 ME 2	9. Election Cam	oaign Financing	\$5.0	00 мау Ве	
	r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	6 14 27 Es 1 A.C. L.D. L.			Trust Fund Co	ntribution:	Adde	d to Fees	. 253
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NAME	BUNTING, GREGG L	_ Dolois	NAME				change		C
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CITY-ST-ZIP	ASHEBORO NC		CITY	-ST-ZIP					
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NAME	BUNTING, BETTY P		NAM					_	
STREET ADDRESS	311 ENGLEWOOD DRIVE		STRE	ET ADDRESS					
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP