


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 91032 046 \*\*\*150.00

**DOCUMENT # F97000005740**

1. Entity Name  
**BUNTING EQUIPMENT COMPANY, INC.**



Principal Place of Business  
P.O. BOX 4414  
ASHEBORO NC 27204-4414

Mailing Address  
P.O. BOX 4414  
ASHEBORO NC 27204-4414



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**HARDWICK III, KELLY B**  
**341 W DAVIDSON ST., STE 301**  
**BARTOW FL 33830**

4. FEI Number **56-1793599**  
Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PCD	<input type="checkbox"/> Delete
NAME	BUNTING, LARRY L	
STREET ADDRESS	311 ENGLEWOOD DRIVE	
CITY-ST-ZIP	ASHEBORO NC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUNTING, GREGG L	
STREET ADDRESS	311 ENGLEWOOD DRIVE	
CITY-ST-ZIP	ASHEBORO NC	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BUNTING, BETTY P	
STREET ADDRESS	311 ENGLEWOOD DRIVE	
CITY-ST-ZIP	ASHEBORO NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/02**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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.

SIGNATURE: Betty Bunting / **BETTY BUNTING / SEC / TREAS. - 4-3-03 (336-626-7300)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)