

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90044 007 ***150.00

DOCUMENT # 842727

1. Entity Name
BRUNING AND FEDERLE MFG. CO.

Principal Place of Business

**2503 NORTHSIDE DR
STATESVILLE NC 28677
US**

Mailing Address

**PO BOX 5547
STATESVILLE NC 28687-5547
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-0793222

Applied For

Not Applicable

Zip

Country

Zip

Country

28625

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

**PENNEL, EDWIN A.
3151 3RD AVE N.
SUITE 511, 300 BLDG. WEST
ST PETERSBURG FL 33713**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EISELE, DOUGLAS G**
CITY-ST-ZIP **320 WEST BRAOD STREET
STATESVILLE, N C 00000**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **28677**

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **MILLS, RICKY**
CITY-ST-ZIP **135 BAYFIELD ROAD
TROUTMAN, N C 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PDT**
STREET ADDRESS **BASS, THOMAS**
CITY-ST-ZIP **226 WINDING SHORE DRIVE
TROUTMAN, N C. 00000**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **28166**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **HEDLER, MICHAEL D**
CITY-ST-ZIP **108 GREEN BAY ROAD
MORRESVILLE NC 28117**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MOORESVILLE, NC 28117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS H. BASS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02

Date

704-873-7237

Daytime Phone #

CR2E034 (9/01)