

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051097

1. Entity Name

BIG SUN MEDICAL SUPPLY COMPANY

Principal Place of Business

Mailing Address

3919 SE LAKE WEIR AVE  
OCALA FL 34480  
US

3919 SE LAKE WEIR AVE  
OCALA FL 34480-7155  
US

2. Principal Place of Business

3. Mailing Address

3919 SE Lake Weir Ave  
Suite, Apt. #, etc.

Same  
Suite, Apt. #, etc.

City & State

City & State

Ocala, FL  
Zip 34480 Country Marion

City & State  
Zip Country

4. FEI Number 59-3194278

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

PRESTIPINO, CHARLES J  
3919 SE LAKE WEIR AVE  
#6  
OCALA FL 34480

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, 2000 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 P  
NAME PRESTIPINO, CHARLES J.  
STREET ADDRESS 3919 SE LAKE WEIR AVE  
CITY-ST-ZIP Ocala FL 34480 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/00 (352) 620-8411

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90038 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE