

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90040 041 \*\*\*150.00

**DOCUMENT # P93000051097**

**1. Entity Name**  
**BIG SUN MEDICAL SUPPLY COMPANY**

**Principal Place of Business**

**2410 SE 36TH AVE**  
**OCALA FL 34471**  
**US**

**Mailing Address**

**2410 SE 36TH AVE**  
**OCALA FL 34471**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3194278**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name *Big Sun Med. Supply Co.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2410 SE 36th Ave*  
 City *Mcala* **FL** Zip Code *34471*

**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**

*Charles J. Prestipino*

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**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME *Prestipino, Charles J.*  
 STREET ADDRESS *2410 SE 36th Ave*  
 CITY-ST-ZIP *OCALA, FL 34471*

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

TITLE ☐ Change ☐ Addition  
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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/02 (352) 620-8414*  
 Date Daytime Phone #

CR2E034 (9/01)