

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90299 001 \*\*\*150.00  
02-10-2003 90299 002 \*\*\*\*\*8.75

**55005596**



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # <b>P99000008476</b>			
1. Entity Name <b>HYGRADE TRACTOR SERVICE, INC.</b>			
Principal Place of Business <b>180 BAVARIAN AVE. S.W. PALM BAY FL 32908</b>		Mailing Address <b>180 BAVARIAN AVE. S.W. PALM BAY FL 32908</b>	
2. Principal Place of Business <b>180 BAVARIAN AVE SW</b>		3. Mailing Address <b>180 BAVARIAN AVE SW</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Palm Bay, FL</b>		City & State <b>Palm Bay, FL</b>	
Zip <b>32908</b>	Country <b>USA</b>	Zip <b>32908</b>	Country <b>USA</b>
4. FEI Number <b>59-3555361</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>HUNT, ROGER 180 BAVARIAN AVE. S.W. PALM BAY FL 32908</b>		7. Name and Address of New Registered Agent <b>HUNT, ROGER 180 BAVARIAN AVE SW PALM BAY FL 32908</b>	
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 <i>Stacie K Hunt</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>1-5-03</b>			
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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VSD</b>	NAME <b>HUNT, STACIE K</b>	TITLE <b>VP-SEC</b>	NAME <b>HUNT, STACIE K</b>
STREET ADDRESS <b>180 BAVARIAN AVE SW</b>	CITY-ST-ZIP <b>PALM BAY FL 32908</b>	STREET ADDRESS <b>180 BAVARIAN AVE SW</b>	CITY-ST-ZIP <b>PALM BAY, FL 32908</b>
TITLE <b>P</b>	NAME <b>HUNT, ROGER</b>	TITLE <b>Pres</b>	NAME <b>HUNT, ROGER</b>
STREET ADDRESS <b>180 BAVARIAN AVE SW</b>	CITY-ST-ZIP <b>PALM BAY FL 32908</b>	STREET ADDRESS <b>180 BAVARIAN AVE SW</b>	CITY-ST-ZIP <b>PALM BAY, FL 32908</b>
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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: *Stacie K Hunt* VP-SEC 1-5-03 321-727-1574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)