2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024713

1. Entity Name

BIG SUN HYDRAULICS, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90295 047 ***150.00

					S WE !					
Principal Place of Business 1133 N MAGNOLIA AVE			Mailing Address 1133 N MAGNOLIA AVE OCALA FL 34475				9001	6704		
OCALA FL 3	34475	OCA	LA FL 34475		•	İ			IL 21888 INTL 1881	
	Commence of the second		1.							
2. Principal Place of Business 3.			3. Mailing Address				4 (800/1008) 110 (01/66 146/4 06/4 00/4 00/4 00/4 00/4 00/4 00/4	1 S	16 11 008 6111 1061	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				C) CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City	City & State			4.	FEI Number 59-3566814		pplied For ot Applicable	
Zip	Country 2			У	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
make the market of the market					Name					
Bullard, J Warren					Stroot Address (B.O. Boy Number is Not Assessable)					
18 NW THIRD AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
OCALA FL 34475										
				 	City		FI	Zip Cod	ie	
8. The above	e named entity submits this statement for	or the purp	ose of changing its re	eaisterea	d office or regis	tered an	gent, or both, in the State of Florida. I am		and accept	
	ations of registered agent.			- 5			,,,			
SIGNATURE							,			
SIGNATORIE	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE: F	Registered .	Agent signature requ	ired when re	einstating) DATE			
	FILE NOW!!! FEE IS \$150.00		· · · · · ·							
After May 1, 2003 Fee will be \$550.00							S. Election Campaign Financing Trust Fund Contribution.)0 May Be d to Fees	
Make Chec	ck Payable to Florida Department of	of State					Trast and Contribution.	- 700e	u to 1 063	
10.	OFFICERS AND	DIRECTO	RS	11,		AE	DDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	S IN 11	
TITLE	VSD LOWMAN DAVID		Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	LOWMAN, DAVID 5155 NE 25TH AVE			NAME	r'ADDDECC					
CITY-ST-ZIP	OCALA FL 34479			CITY-S	TADORESS ST-ZIP					
TITLE	PTD		☐ Delete	TITLE				☐ Change	Addition	
NAME	BOOTHBY, WILLIAM G		□ Detete	NAME	ĺ			change	Addition	
STREET ADDRESS	P O BOX 3773			STREET	ADDRESS	•				
CITY-ST-ZIP	OCALA FL 34478			CITY-S	ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	المراور والمعادي والمعادية والمعادي والمعادي والمعادية و			NAME	سندادة فتست	<u>.</u>	en errer Starrer	المراجعين		
STREET ADDRESS				STREET	ADDRESS					
CITY-ST-ZIP				CITY-S	51-ZIP					
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S	II					
TITLE			☐ Delete	TITLE				Change	Addition	
NAME				NAME						
STREET ADDRESS	,			STREET	ADDRESS					

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED MARKETS SIGNING OF PICE POR DIRECTOR

☐ Delete

esedent L

Daytime Phone #

☐ Change

Addition