

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 327917

1. Entity Name

ORTHOPEDIC BRACE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90108 039 ***150.00

Principal Place of Business

Mailing Address

1330 SOUTH OAK STREET
MELBOURNE FL 32901

1330 SOUTH OAK STREET
MELBOURNE FLA 32901-3111

00008962



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1202790**

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

7. Name and Address of New Registered Agent

WILKINS, J G
1330 S OAK STREET
MELBOURNE FL 32901

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	WILKINS, JOHN G.	
STREET ADDRESS	1330 S. OAK STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROTH, ROSE ANN	
STREET ADDRESS	945 BROOKVIEW LN	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILKINS KAREN	
STREET ADDRESS	1330 S. OAK ST	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRELL, NEEDHAM E	
STREET ADDRESS	3455 GRANT RD	
CITY-ST-ZIP	GRANT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen S. Wilkins Pres 1-18-2000 321-723-1840
Date Daytime Phone #