

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 622218

1. Entity Name

U.S. ORTHOTICS, INC.

Principal Place of Business

8605 PALM RIVER ROAD  
TAMPA FL 33619

Mailing Address

8605 PALM RIVER ROAD  
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ANTHONY E VELAZQUEZ  
8605 PALM RIVER RD  
TAMPA FL 33619

7. Name and Address of New Registered Agent

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, 2001 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: VD  
NAME: VELAZQUEZ, ANTONIO  
STREET ADDRESS: 912 W ADALEE ST  
CITY-ST-ZIP: TAMPA, FL 00000 ☐ Delete

TITLE: STD  
NAME: VELAZQUEZ, DOLORES P  
STREET ADDRESS: 912 W ADALEE ST  
CITY-ST-ZIP: TAMPA, FL 00000 ☐ Delete

TITLE: D  
NAME: HENRIQUEZ, JOANNA D  
STREET ADDRESS: 912 W ADALEE ST  
CITY-ST-ZIP: TAMPA, FL 00000 ☐ Delete

TITLE: PD  
NAME: VELAZQUEZ, ANTHONY E  
STREET ADDRESS: 17750 OAKBRIDGE ST.  
CITY-ST-ZIP: TAMPA, FL 00000 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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 #

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 90403 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0350412

CR2E034 (10/00)