

2002 UNIFORM BUSINESS REPORT (UBR)

0016981 AT

DOCUMENT # A30591

1. Entity Name
ORAVEC ENTERPRISES, LTD.

FILED

02 JAN 17 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13205 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601	Mailing Address 13205 OLD CRYSTAL RIVER ROAD BROOKSVILLE, FL 34601
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3028703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ORAVEC, ANDREW, JR.
13205 OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34601**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, SHARON O. 13209 OLD CRYSTAL RIVER RD BROOKSVILLE FL 34601	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LOWMAN, BEVERLY 13201 OLD CRYSTAL RIVER RD BROOKSVILLE FL 34601	STREET ADDRESS	300004791489--1
		CITY-ST-ZIP	01/23/02 01050 016
			***526.25 ***526.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *SIGNATURE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: **1/14/02** Daytime Phone #: **(352) 796-3049**

CR2E003 (9/01)