

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001182**

1. Entity Name

ORTHOPEDIC ENGINEERING SYSTEMS, LTD.

FILED

02 FEB 19 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O STEWART A. MARSHALL, III, ESQ.
255 SOUTH ORANGE AVENUE, 17TH FL
ORLANDO FL 32801

Mailing Address

1407 E. ROBINSON STREET
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3335165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAULEY, JEROME P C.P.A.
1407 E ROBINSON ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **(Same)**

Street Address (P.O. Box Number is Not Acceptable)

2600 MAITLAND CENTER PARKWAY

STE. 340

City **MAITLAND**

FL

Zip Code

32751

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

Jerome P. McCauley, CPA (addon change org) 02/19/02

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

DATE

9. Capital Contributions
as Shown on record.

\$6,951.58

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # **P94000024796**
NAME **O.E.S., INC.**
STREET ADDRESS **255 SOUTH ORANGE AVENUE, 17TH FL**
CITY-ST-ZIP **ORLANDO FL 32801-3413**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

T.E. Smith **T.E. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/14/02

CR2E003 (9/01)