

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90001 015 ***400.00
 06-29-2000 90653 031 ***150.00

DOCUMENT # F94000000022

1. Entity Name

ARTHROTEK, INC.

Principal Place of Business

4861 E. AIRPORT DR.
 ONTARIO CA 91761
 US

Mailing Address

AIRPORT INDUSTRIAL PARK
 PO BOX 587
 WARSAW IN 46581-0587

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1803072

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 use 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DANE A PH.D.	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRATT, JOEL P	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLITT, NILES L	
STREET ADDRESS	6 UPPER POND RD	
CITY-ST-ZIP	PARISIPPANY NJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	PRATT, JOEL P	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANN, DANIEL P	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARTMAN, GREGORY D	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN 46580	

TITLE	R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLITT, NILES L.	
STREET ADDRESS	100 INTERPACE PARKWAY	
CITY-ST-ZIP	PARISIPPANY, NJ 07054	
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		
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		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(219) 267-6639

Date

Daytime Phone #

CR: E034.111 #3