

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90305 041 ****61.25

DOCUMENT # N01900

1. Entity Name

AMPUTEES TOGETHER, INC.

Principal Place of Business

Mailing Address

**5311 E. FLETCHER AVE
TAMPA FL 33617
US**

**5311 E. FLETCHER AVE
TAMPA FL 33617
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**GIFFORD, DOTTIE
5311 E. FLETCHER AVENUE
TAMPA FL 33617**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	BAUER, GREG	5311 E. FLETCHER AVE TAMPA FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VD	BAUER, LES	5311 E. FLETCHER AVE TAMPA FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TSD	LINGER, COURTNEY	5311 E FLETCHER AVE TAMPA FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ROBINSON, JENNIFER	5311 E FLETCHER AVE TAMPA FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	GIFFORD, DOTTIE	5311 E. FLETCHER AVE TAMPA FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy Gifford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-02 813-985-5000