

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006675

1. Entity Name

UNLIMITED AMPUTEE SUPPORT GROUP, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90066 021 ****61.25

Principal Place of Business

123 S INDUSTRIAL DR STE 104
ORANGE CITY FL 32763

Mailing Address

123 S INDUSTRIAL DR STE 104
ORANGE CITY FL 32763-7421

00011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3406693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, SUSAN M
123 S INDUSTRIAL DR STE 104
ORANGE CITY FL 32763

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

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

TITLE PD ☐ Delete

NAME O'CONNOR, SUSAN M
STREET ADDRESS 172 BARRINGTON AVENUE
CITY-ST-ZIP DELAND FL 32724

TITLE VPD ☐ Delete

NAME ROSA, ED
STREET ADDRESS 2420 PINE TREE CIRCLE DRIVE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE TD ☒ Delete

NAME HEARD, MICK
STREET ADDRESS 172 BARRINGTON AVENUE
CITY-ST-ZIP DELAND FL 32724

TITLE SD ☐ Delete

NAME SHAW, SUSAN
STREET ADDRESS 3115 N COVINGTON
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME Heard, Susan M
STREET ADDRESS 1985 Guail Hollow Drive
CITY-ST-ZIP Deland, FL 32720

TITLE ☐ Change ☐ Addition

NAME (Same)

TITLE ☐ Change ☒ Addition

NAME Romanus, Bert
STREET ADDRESS 1611 Montecito Avenue
CITY-ST-ZIP Deltona, FL 32738

TITLE ☒ Change ☐ Addition

NAME Shaw, Susan
STREET ADDRESS 2860 E. Canal Road
CITY-ST-ZIP Deltona, FL 32738

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #