

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006675

1. Entity Name

UNLIMITED AMPUTEE SUPPORT GROUP, INC.

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

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

59-3406693

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

HEARD, SUSAN M
123 S INDUSTRIAL DR STE 104
ORANGE CITY FL 32763

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	PD	<input type="checkbox"/> Delete
NAME	PINKERMAN, ANNETTE	
STREET ADDRESS	1385 FIRST AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TAVAN, JOY	
STREET ADDRESS	959 E. NORMANDA BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEARD, SUSAN	
STREET ADDRESS	1925 QUAIL HOLLOW	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAW, SUSAN	
STREET ADDRESS	3115 N. CORRINGTON DR.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90072 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)