

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90042 025 ****61.25

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**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2420 Pine Tree Cir. Dr.
Suite, Apt. #, etc.

3. Mailing Address
P/O Box 740041
Suite, Apt. #, etc.

City & State
Orange City FL
Zip
32763
Country
Volusia

City & State
Orange City FL
Zip
32774-0041
Country
Volusia

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

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

7. Name and Address of New Registered Agent

Name
Edward C. Rosa
Street Address (P.O. Box Number is Not Acceptable)
2420 Pine Tree Cir. Dr.
City
Orange City, FL Zip Code
32763

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Edward C. Rosa**
Signature, typed or printed name of registered agent and title if applicable.

Edward C. Rosa
(NOTE: Registered Agent signature required when reinstating)

1/6/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rosa, Edward 2420 Pine Tree Cir. Dr. ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Leatherman, Paul 2527 Mohawk Ave SANFORD FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Josephine Rosa 2420 Pine Tree Cir. Dr. ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

1/6/03

386-775-0826

CR2E037 (10/02)