

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91782 002 ***158.75

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FP

DOCUMENT # P00000009420

1. Entity Name
CUSTOM LIMB & BRACE FABRICATORS, INC.



Principal Place of Business
9363 SE 12TH DR
WEBSTER FL 33597

Mailing Address
PO BOX
WEBSTER FL 33597

2. Principal Place of Business

3. Mailing Address

9363 SE 12th Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Webster, FL

4. FEI Number 59-3622259

Applied For
Not Applicable

Zip

Country

Zip

33597

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELM, DWAYNE
9363 SE 12TH DR
WEBSTER FL 33597

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P <input type="checkbox"/> Delete	HELM, KARYNN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	9363 SE 12TH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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 607, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03 352-250-6525
Date Daytime Phone #

CR2E034 (10/02)