

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108157

1. Entity Name

ORTHOTICS & PROSTHETICS FABRICATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90322 031 ***150.00

Principal Place of Business

695 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

Mailing Address

695 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

649 W. MICHIGAN ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

Zip

32805

Country

ORANGE

Zip

Country

4. FEI Number

59-3678892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBMAN, JOHN B
200 EAST ROBINSON STREET
SUITE 865
ORLANDO FL 32801

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAUNDERS, SCOTT L	
STREET ADDRESS	6709 SPRING RAIN	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SAUNDERS, J L	
STREET ADDRESS	9050 CLASSIC COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAUNDERS, JAN A	
STREET ADDRESS	6169 MASTERS BOULEVARD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS O. DIXON	
STREET ADDRESS	3404 TENNESSEE TERRACE	
CITY-ST-ZIP	ORLANDO, FL. 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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 #

04/18/01 407-772-1990

CR2E034 (10/00)