

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90905 041 ***150.00

DOCUMENT # *P01000074460*

1. Entity Name

ABC PROSTHETICS & ORTHOTICS OF CLEMONT, INC.

DO NOT WRITE IN THIS SPACE

674460

2. Principal Place of Business

235 CITRUS TOWER BLVD

3. Mailing Address

1719 S. Division Ave.

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite B

DO NOT WRITE IN THIS SPACE

CLEMONT, FL.

Orlando, FL 32805

4. FEI Number

59-3737480

Applied For

Not Applicable

34711

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Liebman, John B.

Street Address (P.O. Box Number is Not Acceptable)

200 E. Robinson St.

Suite 865

City *Orlando*

FL

Zip *32801*

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

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

January 1 to May 15 Fee is \$150.00
After May 15 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. **PSD OFFICERS AND DIRECTORS**

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>PSD Saunders, Scott L. 6709 Spring Rain Orlando, FL. 32819</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>V Dixon, Doris O 3404 Tennessee Terrace Orlando, FL 32806</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John B. Liebman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V/Pres. 05/27/02 407-649-1878

Date

Daytime Phone #

CR2E034B (12/01)