

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90118 010 \*\*\*\*61.25

**DOCUMENT # P01209**

1. Entity Name

**PEDAMORPHOSIS, INC.**

Principal Place of Business

Mailing Address

**13604 WATERFALL WAY  
TAMPA FL 33624-6907  
US**

**P.O. BOX 271669  
TAMPA FL 33688-1669  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**75-1552572**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ORCUTT, GREG MR  
BRICKLEYMEYER SMOLKER & BOLVES, PA  
500 E KENNEDY BLVD STE 200  
TAMPA FL 33602-4825**

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

TITLE **PDT** ☐ Delete

NAME **ANDERSON, ROBERT H.**  
STREET ADDRESS **13604 WATERFALL WAY**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VSD** ☐ Delete

NAME **SNYDER, KAROLYN**  
STREET ADDRESS **13604 WATERFALL WAY**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ Delete

NAME **BAHNER, JOHN M.**  
STREET ADDRESS **3525 ROSEAU DRIVE**  
CITY-ST-ZIP **PUNTA GORDA ISLES FL**

TITLE **D** ☐ Delete

NAME **GIELLA, MARY**  
STREET ADDRESS **13604 WATERFALL WAY**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

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 REQUIRED** Robert H. Anderson

(813) 963-3899

1/21/2000

Date

Daytime Phone #