

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90097 001 ***150.00

0007862 AV

DOCUMENT # P02000128996

1. Entity Name
TM GOLF ORTHOTICS, INC.



Principal Place of Business
**527 N.W. 35TH TERRACE
GAINESVILLE FL 32607**

Mailing Address
**527 N.W. 35TH TERRACE
GAINESVILLE FL 32607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

571145103

Applied For

Not Applicable

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

**MOWERY, TOM
527 N.W. 35TH TERRACE
GAINESVILLE FL 32607**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOWERY, TOM
527 N.W. 35TH TERRACE
GAINESVILLE FL 32607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/03

(352) 291-0529

CR2E034 (4/03)

Attachment
86147600
PO2000128996

Re: request for waiver of late fee

To Whom It May Concern:

This is a request for waiver of late fee associated with UBR. TM Golf Orthotics Inc. was not informed of acceptance as an s-corporation until April 21, 2003 by the IRS. It was my understanding that the corporations first UBR was not required during this fiscal year. The first notice I received about the UBR was after the May 1 deadline. Enclosed is the original fee of \$150.00. Please accept this original amount and waive the late fee.

Thank you for your understanding
Tom Mowery
TM Golf Orthotics