

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90180 002 ***150.00

DOCUMENT # P23929

1. Entity Name
ORTHOMERICA PRODUCTS, INC.

Principal Place of Business

**P.O. BOX 2927
 NEWPORT BEACH CA 92659**

Mailing Address

**P.O. BOX 2927
 NEWPORT BEACH CA 92659**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 607129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

4. FEI Number

33-0343239

Applied For

Not Applicable

Zip

Country

32860-7129

Country

USA

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CEO
 KERR, DAVID C.
 223 VIA QUITO
 NEWPORT CA** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CFO
 GEORGE ARELLANO
 17037 MAGNOLIA ISLAND BLVD.
 CLERMONT, FL 34711** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 KERR, MARY ANN
 223 VIA QUITO
 NEWPORT CA** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ETCD
 MOLNAR, GEZA G
 1735 PORT MARGATE PL
 NEW PORT BEACH CA** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 SCHWENN, SHANNON R.
 2051 ENTERPRISE OSTEEN RD
 DELTONA FL 32738** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 SPEARS, PETER F
 25 FAIRWAY DR
 RYE BEACH NH 03871** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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 #

1/24/02 (407)290-6592

0615998 AT

CR2E034 (9/01)