

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057458

1. Entity Name

DHANI'S EAGLE PROSTHETICS INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90026 022 ***150.00

Principal Place of Business

Mailing Address

1701 DREW STREET
STE. 3
CLEARWATER FL 34615-6210

1701 DREW STREET
STE. 3
CLEARWATER FL 33755-6211

2. Principal Place of Business

3. Mailing Address

1701 DREW ST
Suite, Apt. #, etc. 5

1701 DREW ST
Suite, Apt. #, etc. #5

City & State

CLEARWATER FL.

City & State

CLEARWATER FL

Zip

33755

Country

Pinellas

Zip

33755

Country

Pinellas

4. FEI Number

65-0427903

Applied For

Not Applicable

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

DHANI, M. LYNN
1700 DREW ST.
STE. #3
CLEARWATER FL 34615

as above ↑

Name

MR + MRS J.B. DHANI

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

1701 DREW ST #5

CLEARWATER

City

FL

Zip Code

33755

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, 2000 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 P
NAME DHANI, JOEL B
STREET ADDRESS 29756 70TH ST. N.
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

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

TITLE V
NAME DHANI, M. LYNN
STREET ADDRESS 29756 70TH ST. N.
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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:

MRS. M.L. DHANI

MRS. M.L. DHANI

Date

Daytime Phone #

2-14-00

446-0211

CR2E034 (9/99)