

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90053 008 \*\*\*150.00

**DOCUMENT # P93000057458**

1. Entity Name

**DHANI'S EAGLE PROSTHETICS INC.**

Principal Place of Business

1701 DREW STREET  
STE. 5  
CLEARWATER FL 33755

Mailing Address

1701 DREW STREET  
STE. 5  
CLEARWATER FL 33755

2. Principal Place of Business

29756 70th St N

3. Mailing Address

29756 70th St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

SUITE 3

City & State

Clearwater Fl.

City & State

Clearwater Fl

Zip

33761

Country

Pinellas

Zip

33761

Country

Pinellas

6. Name and Address of Current Registered Agent

DHANI, M. LYNN  
1701 DREW ST.  
STE. #5  
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

SAM L

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 Joel B. Dhani

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-01

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, 2001 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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DHANI, JOEL B  
CITY-ST-ZIP 29756 70TH ST. N. #3  
CLEARWATER FL 33761

TITLE ☐ Delete  
NAME V  
STREET ADDRESS DHANI, M. LYNN  
CITY-ST-ZIP 29756 70TH ST. N. #3  
CLEARWATER FL 33761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MRS. M. L. DHANI

Date

Daytime Phone #

4-4-01 727 787 9826

CR2E034 (10/00)