

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90664 031 ***150.00

066278 SP

DOCUMENT # P95000069517

1. Entity Name

WEST COAST MOBILE ORTHOPEDICS, INC.

Principal Place of Business

**24643 RED ROBIN DR.
BONITA SPRINGS FL 34135
US**

Mailing Address

**8951 BONITA SPRINGS RD., SE
SUITE 525-194
BONITA SPRINGS FL 34135
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PMB # 194

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs, Florida

4. FEI Number

65-0607079

Applied For

Not Applicable

Zip

Country

Zip

Country

34135

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

**RIEGER, CHRISTOPHER L
24643 RED ROBIN DR.
BONITA SPRINGS FL 34135**

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	D	<input type="checkbox"/> Delete
NAME	RIEGER, CHRISTOPHER L	
STREET ADDRESS	24643 RED ROBIN DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RIEGER, MARIE E	
STREET ADDRESS	24643 RED ROBIN DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
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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:

Chris Rieger President

4-4-02

Date

941-498-0055

Daytime Phone #

CR2E034 (9/01)