

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049863

1. Entity Name

SEMINOLE LIMB AND BRACE CORPORATION

Principal Place of Business

6247 SEMINOLE BLVD. STE 100
SEMINOLE FL 33772
US

Mailing Address

6247 SEMINOLE BLVD. STE 100
SEMINOLE FL 33772
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ACCOMONDO, KATHRYN F
10109 PARADISE BLVD
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name CHRISTOPHER ENGLAND

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

11975 3RD ST. EAST

City TREASURE ISLAND

FL

Zip Code

33772

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

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

CHRISTOPHER ENGLAND

(NOTE: Registered Agent signature required when reinstating)

4-26-01
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, 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 TD
STREET ADDRESS ENGLAND, CHRISTOPHER L
CITY-ST-ZIP 11975 ST EAST
TREASURE ISLAND FL

TITLE ☒ Delete
NAME SD
STREET ADDRESS ACCOMANDO, KATHRYN F
CITY-ST-ZIP 10109 PARADISE BLVD
TREASURE ISLAND FL

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:

Christopher England
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER ENGLAND

Date

4-25-01 727-319-6302

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90937 026 ***150.00

040120



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)