

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052706

1. Entity Name

UNLIMITED PROSTHETIC & ORTHOTIC SERVICES, INC.

b2

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90080 004 ***150.00

Principal Place of Business

123 S INDUSTRIAL DR
STE 104
ORANGE CITY FL 32763
US

Mailing Address

123 S INDUSTRIAL DR
STE 104
ORANGE CITY FL 32763-7421
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3459482

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

~~O'CONNOR, SUSAN~~
~~1915 QUAIL HOLLOW DRIVE~~
~~DELAND FL 32720~~

Name

Susan M Heard

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

1985 Quail Hollow Drive

City

DeLand

FL

Zip Code

32726

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

Susan M Heard

1/30/00

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 ☒ Delete
NAME PD
STREET ADDRESS ROZENDAL, PETER
CITY-ST-ZIP 3922 OAKCREST CIRCLE
PORT ORANGE FL 32119

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS O'CONNOR, SUSAN
CITY-ST-ZIP 1985 QUAIL HOLLOW DRIVE
DELAND FL 32720

TITLE ☒ Change ☒ Addition
NAME PD STD
STREET ADDRESS Heard Susan
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Susan M Heard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)