

FROM : DIANE HARE CPA

PHONE NO. : 18507858665

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 014 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061052

1. Entity Name

BAY PROSTHETIC CENTER, INC.

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
105 BEACH DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE A-1

Suite, Apt. #, etc.

City & State
FT. WALTON BEACH, FL

City & State

Zip
32547

Country

Zip

Country

4. FEI Number
59-3520869Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DIANE C. HARE, CPAStreet Address (P.O. Box Number is Not Acceptable)
3003 SOUTH HWY 77

SUITE A

City
LYNN HAVENFL Zip Code
32444

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) ☐January 1 - May 15 Fees \$1,000.00
After May 15 Fee is \$350.00
Amended UBR is \$225
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	GLENN COTTRILL
STREET ADDRESS	105 BEACH DRIVE, SUITE A
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Glenn Cottrill 4-30-02

Date

Daytime Phone #

(850) 863-5059

CR2E034B (12/01)