

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90060 049 ***150.00

DOCUMENT # P98000105948

1. Entity Name
UNITED ORTHOTIC DESIGN, INC.



Principal Place of Business
**3604 VENTURA DRIVE EAST
LAKELAND FL 33811**

Mailing Address
**621 WILLOW RUN
LAKELAND FL 33813**



2. Principal Place of Business

3633 Century Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

4. FEI Number **59-3621890**

Applic For

Not Applicable

Zip

Country

33811 USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GULLEDGE, RONALD E
621 WILLOW RUN
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GULLEDGE, RONALD E | |
| STREET ADDRESS | 3604 VENTURA DRIVE EAST | |
| CITY-ST-ZIP | LAKELAND FL 33811 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GULLEDGE, ALLISON | |
| STREET ADDRESS | 621 WILLOW RUN | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GULLEDGE, JUDY W | |
| STREET ADDRESS | 621 WILLOW RUN | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GULLEDGE, DEREK R | |
| STREET ADDRESS | 3633 CENTURY BLVD #1 | |
| CITY-ST-ZIP | LAKELAND FL 33811 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-18-03 863-644-7940

CR2E034 (10/02)