## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## FILED DOCUMENT # **P98000106770** Jan 22, 2000 8:00 am 1. Entity Name **Secretary of State** ORTHO IMPLANTS, INC. 01-22-2000 90025 022 \*\*\*150.00 Mailing Address Principal Place of Business O/CODAVIN E: BUCK-C/O DAVIN E BUCK-2<del>000 E OAKLAND PARK BLVD #100</del> 2900 E-DAKLAND PARK BLVD #103 FORT LAUDERDALE FL 23506 FORT LAUDERDALE FE 33306-1804 3. Mailing Address 2. Principal Place of Business 57 TH TE PRACE 40 DAVID E. BUCK DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 65-0885279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33306 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DEPTULA; THOMAS J. 2900 E-OAKLAND PARK BLVD #103\* FORT LAUDERDALE FL 33306 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. REGISSRAGE AGENT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPVT/5 ☐ Change Addition ☐ Delete TITLE DEPTULA, THOMAS J NAME NAME STREET ADDRESS STREET ADDRESS 2900 E OAKLAND PARK BLVD #103 CITY-ST-ZIP CITY-ST-ZIE FORT LAUDERDALE FL 33306 Addition ☐ Change Delete TITLE DEPTULA, THOMAS A NAME 2900 COAKLAND RARK BLVD #103 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE EL 33906 CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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