

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (FUR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

03-26-2003 90183 042 ***150.00

DOCUMENT # S60069

1. Entity Name
ORTHO TECHNOLOGY, INC.



Principal Place of Business
**8909 REGENTS PARK DRIVE
STE. 410
TAMPA FL 33647**

Mailing Address
**8909 REGENTS PARK DRIVE
STE. 410
TAMPA FL 33647**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3072087**

Applied For
Not Applicable

Zip Country

Zip Country

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

**LEAGHTY, BRIAN
8909 REGENTS PARK DRIVE
STE. 410
TAMPA FL 33647**

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 *Brian D Leaghty*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **LEAGHTY, BRIAN**
STREET ADDRESS **8909 REGENTS PARK DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ Change ☐ Addition
NAME **Leaghty, BRIAN**
STREET ADDRESS **17401 Commerce PK BLVD**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian D Leaghty

Date

Daytime Phone #

CR2E034 (10/02)