

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80340

1. Entity Name

ADVANCED ORTHOPEDICS & PROSTHETICS, INC.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90029 030 \*\*\*150.00

Principal Place of Business

5402 CRAFTS ST.  
NEW PORT RICHEY FL 34652

Mailing Address

5402 CRAFTS ST.  
NEW PORT RICHEY FL 34652-3963

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3086874

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

HOPPE, JOHN D  
5014 W MAIN - 7127 AUBURN LANE  
NEW PORT RICHEY FL 34652 34654

Name Hoppe, John D  
Street Address (P.O. Box Number is Not Acceptable)  
7127 AUBURN LANE  
City New Port Richey FL Zip Code 34654

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)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOPPE, JOHN D.	
STREET ADDRESS	7127 AUBURN LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOPPE, JOSEPH L.	
STREET ADDRESS	6150 CENTRAL AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 727 849 5466  
Date Daytime Phone #