

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90291 022 \*\*\*150.00

**DOCUMENT # V27811**

1. Entity Name

**ORTHOKRAFT LABORATORIES, INC.**

Principal Place of Business

1805 SUNSHINE DR  
 CLEARWATER FL 33765  
 US

Mailing Address

PO BOX 10784  
 CLEARWATER FL 33757  
 US

2. Principal Place of Business

3. Mailing Address

211 Vollmer Ave  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Oldsmar FL

City & State

Zip  
 34677

Country  
 Pinellas

Zip

Country

4. FEI Number **59-3098461**

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

PETERSON, DONNA J.  
 1875 ELMHURST DRIVE  
 CLEARWATER FL 33765

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.

SIGNATURE

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

(NOT

Registered Agent's 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSEN, DONNA J.	
STREET ADDRESS	1875 ELMHURST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	P	<input type="checkbox"/> Delete
NAME	PETERSEN, DALE E	
STREET ADDRESS	1875 ELMHURST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Donna J. Petersen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donna J. Petersen*

*5/22/01*

Date

*813-925-8408*

Daytime Phone #

CR2E034 (10/00)