

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90564 009 ***150.00

DOCUMENT # P01000057548

1. Entity Name
BAYSIDE HEARING AID CENTER, INC.

Principal Place of Business Mailing Address
16450 SAN CARLOS BLVD #3 **16450 SAN CARLOS BLVD #3**
FORT MYERS FL 33908 **FORT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-111222-6 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

WINN, ELEANOR RITA
16450 SAN CARLOS BLVD #3
FORT MYERS FL 33908

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. (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, 2002 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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME: PD WINN, ELEANOR RITA STREET ADDRESS: 18532 CUTLASS DR CITY-ST-ZIP: FORT MYERS BEACH FL 33931 <input type="checkbox"/> Delete	TITLE NAME: PD WINN, ELEANOR RITA STREET ADDRESS: 14995 BAYSIDE EDGE CT. #150 CITY-ST-ZIP: FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature has 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: Eleanor R. Winn Date: 4-23-02 Daytime Phone #: 239-415-0727

CR2E034 (9/01)