

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G79568

1. Entity Name

PROFESSIONAL HEARING AID CENTERS, INC.

Principal Place of Business

% DONALD H. ELLSWORTH  
3303 PARKWAY CENTER CT.  
ORLANDO FL 32808

Mailing Address

% DONALD H. ELLSWORTH  
3303 PARKWAY CENTER CT.  
ORLANDO FL 32808-1040

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

59-2348136

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

ELLSWORTH, DONALD H.  
3303 PARKWAY CENTER CT.  
ORLANDO FL 32808

Name

Robyn Ellsworth

Street Address (P.O. Box Number is Not Acceptable)

3303 Parkway Center Ct.

City

Orlando, FL

FL

Zip Code

32808

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

Robyn Ellsworth

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ELLSWORTH, DONALD	
STREET ADDRESS	9648 MCCORMACK PL.	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLSWORTH, JUDITH L.	
STREET ADDRESS	9648 MCCORMACK PL.	
CITY-ST-ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellsworth, Randy	
STREET ADDRESS	259 Daniels Point Dr.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	CFO - Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellsworth, Robyn	
STREET ADDRESS	5626 Craindale Dr	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

Date

Daytime Phone #

4-11-00  
407-293-1155

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90072 023 \*\*\*150.00

00073000



DO NOT WRITE IN THIS SPACE

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