

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90110 008 ****61.25

DOCUMENT # N97000003301

1. Entity Name

FLORIDA ACADEMY OF AUDIOLOGY, INC.

Principal Place of Business

Mailing Address

**5149 N 9TH AVE.
#101
PENSACOLA FL 32504**

**5149 N 9TH AVE.
#101
PENSACOLA FL 32504**

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

65-0764913

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

**CHARLTON, STEVE R
5149 N. 9TH AVE.
#101
PENSACOLA FL 32504**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SIMON, CINDY
6280 SUNSET DR.
MIAMI FL 33143** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ERICSSON, LESLIE D
4046 CATTLEMEN RD.
SARASOTA FL 34233** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WALL, KIM
4801 N. FED HWY., #302
FORT LAUDERDALE FL 33308** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CHARLTON, STEVE
5149 N. 9TH AVE., #101
PENSACOLA FL 32501** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VMS
O'REILLY, ANA
2501 S. OCEAN DRIVE
HOLLYWOOD FL 33019** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VMS
Good SUSAN
11290 PARK BLVD
SEMINOLE FL 33772** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FERNANDEZ ROQUE, NATALIE
3681 S MIAMI AVE 410
MIAMI FL 33133** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Kim Doucette
900 N.W. 13th St # 204
Boca Raton FL 33486** ☒ Change ☐ Addition

12. 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 617, 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

Date

Daytime Phone #

CR2E037 (9/01)