

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90011 018 ***550.00

0138028 FP

DOCUMENT # P00000057803

1. Entity Name
MAITLAND AUDIOLOGY, P.A.

Principal Place of Business Mailing Address
340 MAITLAND AVE., SUITE 120 **340 MAITLAND AVE., SUITE 120**
MAITLAND FL 32751 **MAITLAND FL 32751**

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 **59-3649030** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CROTY, BARBARA LYN D - misspelled, please update
1651 HURON TRAIL
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name **Barbara Lyn Dixon Crotty**
 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  **8/27/01**
 Signature, typed or printed name of registered agent and fee 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice President	John M. Crotty	1651 Huron Tr	Maitland, FL 32751		
Secretary	Barbara L.D. Crotty	1651 Huron Tr	Maitland, FL 32751		
Treasurer	Barbara L.D. Crotty	1651 Huron Tr	Maitland, FL 32751		

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:  **8/27/01** **407-644-7960**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/01)