

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90267 019 \*\*\*150.00

DOCUMENT # P00000085623

1. Entity Name

ALL FLORIDA HEARING AID CENTERS, INC.

Principal Place of Business

3300 N PACE BLVD. STE A  
PENSACOLA FL 32505

Mailing Address

3300 N PACE BLVD. STE A  
PENSACOLA FL 32505

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

59-3675755

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

DAWKINS, THERESA G  
ND  
DAWKINS  
NEIL FL W

Name DAWKINS, THERESA G

Street Address (P.O. Box Number is Not Acceptable)  
6320 EAST BAY BLVD

City GULF BREEZE

FL

Zip Code  
32561

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 THERESA G DAWKINS

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 19, 2001

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  
NAME DAWKINS, NEIL W  
STREET ADDRESS 6320 E BAY BLVD  
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

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

TITLE D  
NAME DAWKINS, STEPHEN N  
STREET ADDRESS 10166 VIXEN PL  
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

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

TITLE D  
NAME DAWKINS, THERESA G  
STREET ADDRESS 10166 VIXEN PL  
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

TITLE D  
NAME DAWKINS, THERESA G  
STREET ADDRESS 6320 EAST BAY BLVD  
CITY-ST-ZIP GULF BREEZE, FL 32561 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

THERESA G DAWKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

850 244-0422

Daytime Phone #

CR2E034 (10/00)