

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90047 043 \*\*\*150.00

DOCUMENT # P01000009409

1. Entity Name  
AUDIO ARTS HEARING AID CENTER, INC.

Principal Place of Business  
1420 N ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169

Mailing Address  
1420 N ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
325 S. Yungue St.  
Suite, Apt. #, etc.

3. Mailing Address  
325 S. Yungue St.  
Suite, Apt. #, etc.

City & State  
Ormond Beach, FL

City & State  
Ormond Beach, FL

4. FEI Number  
59 3710532

Applied For  
Not Applicable

Zip  
32174  
Country  
USA

Zip  
32174  
Country  
USA

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

WESTHRIN, ROBERT G  
1420 N ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169

Name  
Joan M. Westhrin  
Street Address (P.O. Box Number is Not Acceptable)  
1420 N. Atlantic Ave  
City  
New Smyrna Beach FL Zip Code  
32169

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 *Joan M. Westhrin* *Joan M. Westhrin* *Jan. 31, 2002*  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WESTHRIN, ROBERT G  
1420 N ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Joan M. Westhrin  
1420 N. Atlantic Ave  
New Smyrna Beach, FL 32169 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Richard A. Polhill  
6039 Hickory Grove Ln  
Port Orange, FL 32128 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President, Secretary, Treasurer  
Bernie E. Polhill  
6039 Hickory Grove Ln  
Port Orange, FL 32128 ☐ 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: *Joan M. Westhrin* *Jan. 31, 2002* (386) 428-2196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)