

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

04-07-2003 90977 005 ***150.00

DOCUMENT # P01000009409

1. Entity Name

AUDIO ARTS HEARING AID CENTER, INC.



Principal Place of Business
325 S YONGE ST
ORMOND BEACH FL 32174

Mailing Address
325 S YONGE ST
ORMOND BEACH FL 32174

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

59-3710532

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

WEDTHRIE, JOAN M
1420 N ATLANTIC AVE
NEW SMYRNA BEACH FL 32169

Name WESTHRIN, JOAN M.
Street Address (P.O. Box Number is Not Acceptable)
1420 N. ATLANTIC AVE
NEW SMYRNA BEACH, FL
City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joan M. Westhrin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS WESTHRIN, JOAN M
CITY-ST-ZIP 1420 N ATLANTIC AVE
NEW SMYRNA BEACH FL 32169

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS POLHILL, RICHARD A
CITY-ST-ZIP 6039 HICKORY GROVE LN
PORT ORANGE FL 32128

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

TITLE ☐ Delete
NAME VPST
STREET ADDRESS POLHILL, LEANNE E
CITY-ST-ZIP 6039 HICKORY GROVE LN
PORT ORANGE FL 32128

TITLE ☒ Change ☐ Addition
NAME POLHILL, LEANNE E.
STREET ADDRESS 6039 Hickory Grove Ln.
CITY-ST-ZIP Port Orange, FL 32128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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:

Joan M. Westhrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-03 (386) 677-1110

Date

Daytime Phone #

CR2E034 (10/02)