

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90110 035 ***150.00

DOCUMENT # P01000107198



1. Entity Name
AUDIOLOGY CONSULTING & EVALUATION SERVICES, INC.

Principal Place of Business
**18744 NW 100 AVE ROAD
MICANOPY FL 32667**

Mailing Address
**18744 NW 100 AVE ROAD
MICANOPY FL 32667**



2. Principal Place of Business

1389 S Purple Martin Terr
Suite, Apt. #, etc.

3. Mailing Address

1389 S Purple Martin Terr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Inverness, FL

City & State
Inverness, FL

4. FEI Number **59-3759210**

Applied For
☐ Not Applicable

Zip
34450

Country
Citrus

Zip
34450

Country
Citrus

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

**JOSEPH CO CPA INC
7601 N FLORIDA AVE
CITRUS SPRINGS FL 34434**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 **KREUTCHIC, DIANA C**
STREET ADDRESS **18744 NW 100 AVE ROAD**
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE ☒ Change ☐ Addition
NAME **Kreutich, Diana**
STREET ADDRESS **1389 S Purple Martin Terr**
CITY-ST-ZIP **Inverness, FL 34450**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 **DIANA C. KREUTCHIC**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

552 307 7377
March 4, 2003 552 726-2004
Date Daytime Phone #

CR2E034 (10/02)