2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

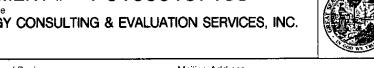
MICANOPY FL 32667



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

03-10-2003 90110 035 ***150.00

1. Entity Name AUDIOLOGY CONSULTING 8		
Principal Place of Business 18744 NW 100 AVE ROAD	Mailing Address 18744 NW 100 AVE ROAD	



18744 NW 100 AVE ROAD MICANOPY FL 32667

2. Principal Place	e of Business	3. Mailing Address	No Alad	10		ii barii bbibi ribii bbii	. 10001)1510 19	101 1011 1001	
Suite, Apt. #, 6	Tool Vic To Oil Co. Co.			<u>rin 14</u> 1					
22.13) . 42.1	ound, ript. II, oto.			CHECK HERE IF MAKING CHANGES					
City & State				4. FEi Number 59-3759210			polied For		
Inverve	55, + 0	Inverness.	F					ot Applicable	
3445D	Country	-3445D -	Country Cutric	5	5. Certificate of Status Desi		8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
. T. O. S.			Name		r				
	JOSEPH CO CPA INC Street Address				ess (P.O. Box Number is Not Acceptable)				
	7601 N FLORIDA AVE								
CITRUS SPRINGS FL 34434				• *					
**			City			FL	Zip Cod	е	
8. The above na	med entity submits this statement for t	he purpose of changing its	registered office	or registered	d agent, or both, in the State	of Florida. I am fa	miliar with,	and accept	
the obligations	s of registered agent.								
SIGNATURE									
. Sigi	nature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent sign	ature required w	hen reinstating)	DATE			
FILE	NOW!!! FEE IS \$150.00				0 Floation Compai	on Cinenaine		Δ	
After M	ay 1, 2003 Fee will be \$550.00				9. Election Campaid Trust Fund Contr			IO May Be	
Make Check Pa	ayable to Florida Department of S	State			1,20,7,20,20,00				
10.	OFFICERS AND D	IRECTORS	11.	,	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE P.	A September 1	☐ Delete	TITLE	Thre	utchic iba 7 SPurple M	ہوں '	Change	☐ Addition	
	EUTCHIC, DIANA C		NAME	1389	3 SP. Dle M	action to	200		
	744 NW 100 AVE ROAD CANOPY FL 32667		STREET ADDRESS CITY-ST-ZIP	1.50	iverness it	3005	,	ĺ	
	JANOT 1 1 L 32007			774	1161 1 1522 14	7443	☐ Change	Addition	
TITLE NAME		Delete	TITLE NAME					L Addition	
STREET ADDRESS			STREET ADDRESS	-	•			}	
CITY-ST-ZIP	The state of the s		CITY-ST-ZIP	بر بنید ا					
TITLE		☐ Delete	TITLE		•		☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY - ST - ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS		,	STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP		·			<u></u>	
TITLE		Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
				+			☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME				change	Addition	
STREET ADDRESS		•	STREET ADDRESS	1					
CITY-ST-ZIP			CITY-ST-ZIP	-	•				
	tify that the information supplied with the	his filing does not qualify for	the exemption st	ated in Sect	tion 119.07(3)(i), Florida Stat	utes. I further cert	fy that the in	nformation	

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 any address, with all other like empowered. SS2 307 7377

SIGNATURE