

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90201 022 ***150.00

DOCUMENT # P02000078927

1. Entity Name
AUDIOLOGY AND HEARING AIDS OF THE PALM BEACHES, INC.



Principal Place of Business
**4349 MARINERS COVE DR
WELLINGTON FL 33467**

Mailing Address
**4349 MARINERS COVE DR
WELLINGTON FL 33467**

00000070



2. Principal Place of Business

3. Mailing Address

4266 Northlake Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach Gardens FL

City & State

4. FEI Number

54-2066932

Applied For

Not Applicable

Zip
33410

Country
Palm Beach

Zip

Country

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

**FOUST, DAWN A
4349 MARINERS COVE DR
WELLINGTON FL 33467**

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

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

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FOUST, RICHARD W
4349 MARINERS COVE DR
WELLINGTON FL 33467**

☐ 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
**PD
DAWN A FOUST
4349 MARINERS COVE DR
WELLINGTON FL 33467**

☐ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

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: **Dawn A Foust**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date

Daytime Phone #

CR2E034 (10/02)