

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93 000080656**

1. Entity Name

AMERICAN HEARING CLINICS, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90176 011 ***158.75

Principal Place of Business

Mailing Address

**5307 S. Florida Ave
Lakeland, FL
33813**

**P.O. Box 6354
Lakeland, FL
33807**

00069119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

Zip 33813

Country POL

City & State

Lakeland, FL

Zip 33807

Country

4. FEI Number

59-3286523

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

Name

Street Address (P.O. Box Number is Not Acceptable)

6633 Hunterfield Rd

City

Lakeland

FL

Zip Code

33813

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

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, 2000 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
**P NICKELL, WILLIAM L
1114 HALLAMWOOD Ct
Lakeland, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P NICKELL, WILLIAM L
6633 Hunterfield Rd
Lakeland, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S. NAVARRO, DR. M RICHARD
6075 S. Florida Ave.
Lakeland, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William L Nickell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-2000 863 6448557
Date Daytime Phone #

CR2E034 (9/99)



Attachment
DH# 09300080656
DOW 69119

July 6, 2000

To: Whom It May Concern

Dear Sirs:

I am writing pursuant my phone conversation with Shawn of this date.
It was necessary to obtain a blank copy to file the Uniform Business Report and in
accordance with this days conversation I am enclosing a check for \$158.75.

Thanking you for your assistance I remain,

Yours truly,

WILLIAM L. NICKELL

President

American Hearing Clinics

wln/fg

copies:

file