

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**  
 02-28-2002 90051 015 \*\*\*150.00

**DOCUMENT # P96000086609**

1. Entity Name  
**BEST LIFE HEARING AID CENTERS, INC.**

Principal Place of Business  
~~23698 US HIGHWAY 19 NORTH~~  
~~CLEARWATER FL 34625-1539~~

Mailing Address  
~~23698 US HIGHWAY 19 NORTH~~  
~~CLEARWATER FL 34625-1539~~

2. Principal Place of Business

Suite, Apt. #, etc.  
**932 CRENSHAW LAKE RD**

City & State  
**LUTZ FL**

Zip Country  
**33469 HILLSBOROUGH**

3. Mailing Address

**P.O. BOX 1864**

Suite, Apt. #, etc.  
 City & State  
**TARPON SPRINGS, FL**

Zip Country  
**34688-1864 PINN**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3405049**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **JOHN W. (DONCAN) DECHMEROWSKI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**932 CRENSHAW LAKE RD**  
 City **LUTZ** **FL** Zip Code **33469**

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 *John W. (Doncan) Dechmerowski* DATE **1/30/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **PSTD** ☐ Delete  
 NAME **DECHMEROWSKI, JOHN W**  
 STREET ADDRESS **23698 US HIGHWAY 19 NORTH**  
 CITY-ST-ZIP **CLEARWATER FL 34625-1539**  
**932 CRENSHAW LAKE RD LUTZ, FL 33469**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 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: *John W. (Doncan) Dechmerowski* DATE **1/30/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)