2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000 1. Entity Name GULF COAST AUDIOLOGY, INC.	0098794	/	FILED Sep 05, 2000 8:00 am Secretary of State
Principal Place of Business 1106 DRUID RD S. SUITE 102 CLEARWATER FL 34616	Mailing Address 1106 DRUID RD S. SUITE CLEARWATER FL 34616	102	7 V U I U N U N
2. Principal Place of Business 1622 N. Missouri Ave Suite, Apt. #, etc.	3. Mailing Address 1622 N. Mis Suite, Apt. #, etc.	souri Ave	
City & State Largo, Florida	City & State Largo, Flor	ida	4. FEI Number 65-0715513 Applied For Not Applicable
33770 Country Pinellas		Country Pinellas	
Street Address (r registered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!! After SEPTEMBER 13 Make Check Payable	! FEE IS \$550.00 i, 2000 Min. will be to Department	00: be \$750.00 t of State 10. Election Campaign Financing \$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AN WALSTON, GARY W 10196 SAILWINDS BLVD S # LARGO FL	☐ Delete	112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P
TITLE VPST NAME WALSTON, LINDA M STREET ADDRESS 10196 SAILWINDS BLVD S # LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

Thereby certify that the information supplied with this filling does not quality 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:**