FILED

## **∠J01 UNIFORM BUSINESS REPORT (UBR)**

## Jul 18, 2001 8:00 am Secretary of State P97000084542 **DOCUMENT #** 1. Entity Name 7-18-2001 90002 031 \*\*\*150 00 AUDITORY ASSOCIATES OF SANIBEL, INC. Principal Place of Business Mailing Address 1619 PERWINKLE WAY STE-101 -1619 PERIWINKLE WAY, STE-101 A007802U SANIBEL-FL\_33957 2418 sanibel Principal Place of Business Mailing Address うけん 814B Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0787308 Sanibel Sani Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired <u> ろるりちり</u> 951 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1819 PZHIWINKLE WAY-101 SANIBEL FL 33957 Zip Code FL 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 Fiorida 4cu200 SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DAndersor TITLE ☐ Delete TITLE $sid\varepsilon$ ☐ Addition CR2E034 (5/01 <del>Bitting</del>, Barbara A NAME NAME bou 1619 PERIWINKLE WAY, STE.101 STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDERSON, TRACEY E NAME 1619 PERIWINKLE WAY, STE.101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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

1700

Auditory Associates of Sanibel, Inc.

Affachment
Appg700084542

July 10, 2001

Florida Dept. of State **Division of Corporations** Box6327 Tallahassee, Fl 32314

## Dear Sirs:

Enclosed is our completed 2001 Uniform Business Report and a check for \$150.00. We did not receive the previous Report as we moved last year and do not always get our forwarded mail.

I notified your agency a few days ago, and Mark Corbett suggested we send a letter explaining what happened.

Sincerely,

Barbara Anderson

(941) 395-1700 • FAX (941) 395-1711