

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091617

1. Entity Name

SENIORS CHOICE HEARING AID CENTERS, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90048 039 \*\*\*150.00

Principal Place of Business 2194 MAW ST STE C DYBEDUB FK 34698	Mailing Address 5347 MILE STRECH DRIVE HOLIDAY FL 34690
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00013262



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2194 MAIN ST. Suite, Apt. #, etc. C	3. Mailing Address 2194 MAIN ST. Suite, Apt. #, etc. C
City & State DUNEDIN FL	City & State DUNEDIN FL
Zip 34698	Country USA

4. FEI Number 59-3510977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICH, KENNETH D  
 5347 MILE STRECH DRIVE  
 HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name RICH, KENNETH D.  
 Street Address (P.O. Box Number is Not Acceptable)  
 2194 MAIN ST. SUITE C  
 City DUNEDIN FL Zip Code 34698

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME RICH, KENNETH		NAME	
STREET ADDRESS 5347 MILE STRECH DRIVE		STREET ADDRESS	
CITY-ST-ZIP HOLIDAY FL 34690		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X SIGNATURE OF DIRECTOR* **1/27/00** **727-733-262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #