

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041198

1. Entity Name

"AFFORDABLE HEARING AID CENTER INC.

1205 US 41 BYPASS
VENCIE FL 34292

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VENCIE FL 34292

3. Mailing Address

Suite, Apt. #, etc.

City & State


Country

Zip

Country

Applied For	
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Not Applicable

 **\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

☐

Make Check Payable to Department of State

☐

\$5.00 May Be
Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

☐ Change ☐ Addition

☐ **Chosen** ☐ **Addition**☐ Observe ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (10/00)