

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90140 049 ***150.00

DOCUMENT # P99000086772
1. Entity Name
EXCALIBUR AUDIOLOGY AND HEARING AID SERVICES, IN C.



Principal Place of Business
18744 NW 100TH AVE RD
MICANOPY FL 32667

Mailing Address
18744 NW 100TH AVE RD
MICANOPY FL 32667



2. Principal Place of Business
1389 S. Purple Martin Ter

3. Mailing Address
1389 S. Purple Martin Ter

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
INVERNESS, FL

City & State
INVERNESS, FL

Zip Country
34450

Zip Country
34450

4. FEI Number **59-3599842** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KREUTCHIC, DIANA C
18744 NW 100TH AVE RD. 1389 S. Purple Martin Terr
MICANOPY FL 32667 INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	KREUTCHIC, DIANA C
STREET ADDRESS	<i>18744 N.W. 100 AVENUE RD.</i>
CITY-ST-ZIP	<i>MICANOPY FL 32667</i>
TITLE	<input type="checkbox"/> Delete
NAME	DITCHFIELD, DAVID W
STREET ADDRESS	<i>6431 E GLOVER STREET</i>
CITY-ST-ZIP	<i>INVERNESS FL 34453</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>1389 S. Purple Martin Terrace</i>
CITY-ST-ZIP	<i>INVERNESS, FL 34450</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/24/03** *352-726-2004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)