2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90459 024 ***150.00

DOCUMENT # P02000123600

1. Entity Name
FATHER AND SONS HEARING HELP CENTER, INC.

Principal Place of Business	Mailing Address
2242 WEST HIGHWAY 44 SUITE 6 INVERNESS FL 33451 US	2242 WEST HIGHWAY 44 SUITE 6 INVERNESS FL 33451 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2240 W. Hwy 44	2240 W. Hwy 44.
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5
City & State INVERNESS Fl	City & State INVERNESS Fl
Zip 34453 / Country U.S.A.	Zip 34453 / Country U.S.A.

4. FEI Number TAX ID# 54-2084281 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACTIVE FILINGS, LLC 10651 NE 11 COURT MIAMI SHORES FL 33138	Name FATHER AND SONS HEARING HELP CENTER INC. Street Address (P.O. Box Number is Not Acceptable) 2240 W. Hwy 44. City INVERNESS FL Zip Code 34453.

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 [signature] DATE 2-27-03.
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THRONEBURG, JASON 4053 ORIENT DRIVE SPRING HILL FL 34607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JASON THRONEBURG. 2240 W. HWY 44 SUITE #5 ADDRESS INVERNESS Fl 34453. ☑ 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
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CR2E034 (10/02)

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] 2-27-03 352-860-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #