

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90088 002 ***150.00

DOCUMENT # 532394

1. Entity Name

MIDDLE EAR, INC.

Principal Place of Business

% RICHARD ASHBY
1801 BAY ROAD
MIAMI BEACH FL 33139

Mailing Address

% RICHARD ASHBY
1801 BAY ROAD
MIAMI BEACH FL 33139

UUUUUOUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2166912**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ASHBY, RICHARD
1801 BAY ROAD
MIAMI BEACH FL 33139

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
PD GIBB, BARRY 1801 BAY ROAD MIAMI BEACH FL			
ST ASHBY, RICHARD 1801 BAY ROAD MIAMI BEACH FL			
PD GIBB, MAURICE 1801 BAY ROAD MIAMI BEACH FL			
PD GIBB, ROBIN 1801 BAY ROAD MIAMI BEACH FL			

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 a address, with all other like empowered.

SIGNATURE: *R.C. Ashby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

305-672-2390

Daytime Phone #

CR2E034 (10/00)