2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F08525 DOCUMENT # 1. Entity Name

FILED Jan 27, 2003 8:00 am **Secretary of State**

01-27-2003 90532 041 ***150.00

BECKNER HEARING AIDS, INC. Principal Place of Business Mailing Address 408 W. RENFRO STREET, SUITE #101 408 W. RENFRO STREET. SUITE #101 PLANT CITY FL 33566 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TICHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2046322 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKNER, SUSAN Street Address (P.O. Box Number is Not Acceptable) 408 W RENFRO ST 101, WALDEN BLDG PLANT CITY FL 33566 Zip Code City 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. SIGNÂURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete BECKNER, ROBERT L. NAME NAME STREET ADDRESS 509 EAST EDGEWOOD STREET ADDRESS LAKELAND FL 33803 ÇITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete TITLE TITLE. BECKNER, SUSAN NAME NAME **506 EAST EDGEWOOD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), Florida Statutes. I furth 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name a chapter of the corporation of the receiver of the results of the corporation of the receiver of the results of the corporation of the receiver of the results of the corporation of the receiver of the results of the corporation of the receiver of the results of

SIGNATURE:

CR2E034 (10/02)