


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90038 007 \*\*\*150.00

DOCUMENT # **407026**

1. Entity Name  
**NU-EAR HEARING AIDS, INC.**



**DO NOT WRITE IN THIS SPACE**

**40091943**

2. Principal Place of Business  
**3626 HENDERSON BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**3626 HENDERSON BLVD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33609**

Country  
**HILLSBOROUGH**

Zip  
**33609**

Country  
**HILLSBOROUGH**

4. FEI Number

Applied For  Not Applied

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **STEPHEN J. SPETH**

Street Address (P.O. Box Number is Not Acceptable)  
**2903 W. ESTRELLA**

City **TAMPA** State **FL** Zip Code **33629**

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)

**RECEIVED**

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

10. OFFICERS AND DIRECTORS		
TITLE	NAME	STREET ADDRESS
PRESIDENT	STEPHEN J. SPETH	3626 HENDERSON BLVD. TAMPA, FL 33609
TITLE	NAME	STREET ADDRESS
TITLE	NAME	STREET ADDRESS
TITLE	NAME	STREET ADDRESS
TITLE	NAME	STREET ADDRESS

**DO NOT WRITE IN THIS SPACE**

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 of attachment with an address, with all of the like empowered.

SIGNATURE: *Stephen J. Speth* **STEPHEN J. SPETH** **5/1/06**