

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36945

1. Entity Name  
NORTHEAST HEARING AID CENTER, INC.

Principal Place of Business

% FRED WALDMANN  
3177 4 ST. N.  
ST. PETERSBURG FL 33704  
US

Mailing Address

1824 MEADOW LN  
CLEARWATER FL 33764  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90017 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2463747

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WALDMANN, FRED  
1824 MEADOW LANE  
CLEARWATER FL 33764

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.

SIGNATURE *Frederick A Waldmann*

(NOTE: Registered Agent signature required when reinstating)

DATE 1/06/02

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALDMANN, FREDERICK A.	
STREET ADDRESS	1824 MEADOW LANE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLLY COLE	
STREET ADDRESS	1824 MEADOW LANE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALDMANN, ARLENE L.	
STREET ADDRESS	1824 MEADOW LANE	
CITY-ST-ZIP	CLEARWATER FL 33764	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Holly Cole VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11326 30 Cove E	
STREET ADDRESS	Parrish FL 34219	
CITY-ST-ZIP		
TITLE	Secy Arlene Waldmann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1824 Meadow Ln	
STREET ADDRESS	Clearwater FL 33764	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE:

*Frederick A Waldmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

*1/06/02 822 2132*  
Date Daytime Phone #

0458514 AV

CR2E034 (9/01)