## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # K84889** 1. Entity Name

BELL HEARING INSTRUMENTS, INC.

Principal Place of Business

Mailing Address

700 STEVENS AVE OLDSMAR FL 34677 P.O. BOX 1888 OLDSMAR FL 34677 FILED Apr 24, 2001 8:00 am Secretary of State 04-24-2001 90257 023 \*\*\*150.00

Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Street Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  BELL, WILLIAM A 700 STEVENS AVE OLDSMAR FL 34877  City  FL  Zip Code  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  To Execute the State of Florida.  SIGNATURE  Synetics, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent and the if a sociation.  Signature, vool of princip come of registered agent or both, in the State of Florida.  Signature vool of princip come of registered agent or both, in the State of Florida.  Signature vool of princip come of registered agent or both, in the State of Florida.  Signature vool of princip come of registered agent, or both, in the State of Florida.  Signature vool of princip come of registered agent, or both, in the State of Florida.  Signature vool of princip come of registered agent, or both, in the State of Florida.  Signature vool of princip come of registered agent, or both, in the State of Florida.  Signature vool of princip come of registered agent, or both, in the State of Florida.  Signature vool of princip come of registered agent, or both, in										<b>                 </b>			<b>           </b>	
City & State  City & State  City & State  City & State  Country  Country  Country  Country  See Required  See Requ	2. Principal P	lace of Busin	ess	3. Mailing Address										
Not Appli   Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.7.5 Additional Fee Required   Section   Sectio	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
Signature	City & State	е		City & State			4.	FEI Number	59-295022	26	-	<del></del>	plied For t Applicable	
BELL, WILLIAM A. 700 STEVENS AVE OLDSMAR FL 34677  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.  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.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  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.  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.  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.  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.  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.  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.  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.  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.  9. This corporation is eligible to satisfy its Intangible agent segment	Zip	Country Zip Cou					5.	Certificate of S	Status Desired		<b>\$8.</b> 7	75 Add Required	itional	
BELL, WILLIAM A. 700 STEVENS AVE OLDSMAR FL 34677  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  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  OTIVIST 2P  11. OFFICERS AND DIRECTORS  OTIVIST 2P  Delete TAMPA FL 33625  OTIVIST 2P  TITLE  NAME SIREET ADDRESS OTIVIST 2P  TITLE NAME SIREET ADDRESS OTIVIST 2P  TITLE NAME SIREET ADDRESS OTIVIST 2P  TITLE NAME SIREET ADDRESS OTIVIST 2P  TITLE NAME SIREET ADDRESS OTIVIST 2P  TITLE NAME SIREET ADDRESS OTIVIST 2P  TITLE NAME SIREET ADDRESS OTIVIST 2P  TITLE NAME SIREET ADDRESS OTIVIST 2P  TITLE NAME SIREET ADDRESS OTIVIST 2P  TITLE NAME SIREET ADDRESS OTIVIST 2P  TITLE SIRET ADDRESS OTIVIST 2P  TI		6. Name	and Address of Current Ro	egistered Agent			<del></del>	Name and Ad	dress of New 1	Registere	d Agen			
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 life if applicable.   (NOTE-Registered Agent signature required when renataling)   DATE	700 STEVENS AVE													
SIGNATURE    Signature, typed or printed name of registered agent and tire if applicable. (NOTE: Registered Agent signature required when refination) DATE    Part   Date   Date							/ FL Zip Code					)		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-SIT-ZIP  TITLE NAME STREET ADDRESS CITY-SIT-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRES	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.													
Tax filling requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE D BELL, WILLIAM A. 6402 W. TURTLE CREEK BL TAMPA FL 33625  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so After MAY 1, 2001 Fe						50.00		. •	_				
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TITLE  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 direct on the same legal effect as if made under oath; that I am an officer or direct of the same legal effect as if made under oath; that I am an officer or direct of the same legal effect as if made under oath; that I am an officer or direct of the same legal effect as if made under oath; that I am an officer or direct of the same legal effect as if made under oath; that I am an officer or direct of the same legal effect as if made under oath; that I am an officer or direct of the same legal effect as if made under oath; that I am an officer or direct or direct of the same legal effect as if made under oath; that I am an officer or direct or	NAME Street address City-St-Zip	portify that the	information cumulical with h		NAME STREE CITY-	E Et address - St - Zip	ad in Castian	.110.07/20/0	larida Chatura	1 further -		<b>J</b> *	Addition	

indicated on this report or supplies reflect as it made under oath; that I am an officer or director of the corporation or the receiver or fustee 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR