

3/31

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90335 050 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

EAR 2 EAR TAX, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1361 13TH AVE S.

3. Mailing Address

SAME

Suite, Apt. #, etc.  
110

Suite, Apt. #, etc.

City &amp; State

JACKSONVILLE BEACH

City &amp; State

Zip

FL

Country

32250

Zip

Country

4. FEI Number

59 3711495

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

BILL MC MENAMIN

Street Address (P.O. Box Number is Not Acceptable)

50 N. LAUREL ST. STE 2025

City

JACKSONVILLE

FL

Zip Code

32202

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	OWNER / MGRM WENDY FRANKER 1361 13TH AVE S. STE 110 JAX BEACH FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEDICAL DIRECTOR / MGRM JOHN T. FRANKER MD 1361 13TH AVE S STE 110 JAX BEACH FL 32250
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEDICAL DIRECTOR

3/21/02

Date

904247310

Daytime Phone #

CR2E034B (12/01)