

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91749 015 ***150.00

DOCUMENT # *P00000056265*

1. Entity Name
Digital Hearing Aid Place Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4951 Tamiami Trail N</i>		3. Mailing Address <i>4951 Tamiami Trail N</i>	
Suite, Apt. #, etc. <i>#104</i>		Suite, Apt. #, etc. <i>#104</i>	
City & State <i>Naples, FL</i>		City & State <i>Naples FL</i>	
Zip <i>34103</i>	Country <i>USA</i>	Zip <i>34103</i>	Country <i>USA</i>

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4. FEI Number <i>59-3650583</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name <i>Susan Evans</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1704 Goodlette Rd.</i>	
City <i>Naples</i>	FL Zip Code <i>34102</i>

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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Owner/President, VP, Sec. Tr. Barbara Stolzenbach D.O.M. 4951 Tamiami Tr. N #104 Naples, FL 34103</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Home address: 2101 Mission Dr. Naples, FL 34109</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: *Barbara Stolzenbach* *Barbara Stolzenbach* *05/09/02*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *239 435-0299*

CR2E034B (12/01)