

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90228 018 \*\*\*150.00

**DOCUMENT # P01000005379**

1. Entity Name  
**HEALTH AND HEARING INC.**

Principal Place of Business  
**6709 1ST AVE. SOUTH**  
**ST. PETERSBURG FL 33707**

Mailing Address  
**6709 1ST AVE. SOUTH**  
**ST. PETERSBURG FL 33707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**593692755**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**JOHNSON, KAREN L**  
**6709 1ST AVE. SOUTH**  
**ST. PETERSBURG FL 33707**

Name

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

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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 *Karen L Johnson, Owner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-2-02**

DATE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **JOHNSON, KAREN L**  
 STREET ADDRESS **6709 1ST AVE. SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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 legal empowered.

SIGNATURE:

*Karen L Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-2-02 (727) 347-3711**

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*  
*# PO1000005379*  
*119183*

KAREN JOHNSON  
BROOKS HEARING AIDS

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6709 1St Ave S.  
St. Petersburg, Fl. 33707  
(727) 347-3711

July 2, 2002

Fl Dept of State  
Katherine Harris  
Division of Corporations  
P.O.Box 1500 Tallahassee, Fl. 32302-1500

Dear Ms. Harris,

Enclosed is a check for the UBR for 2002. Apparently I was supposed to have received a form earlier this year but I did not. I am hoping that my timely reply to this notice will encourage you to wave the late fee that has been imposed.

Sincerely,

*Karen L Johnson*

Karen L. Johnson

Brooks Hearing Aids