## 2002 UNIFORM BUSINESS REPORT (UBR)

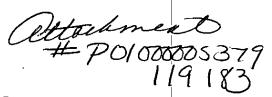
## Jul 08, 2002 8:00 am Secretary of State P01000005379 DOCUMENT # 1. Entity Name 07-08-2002 90228 018 \*\*\*150.00 HEALTH AND HEARING INC. Mailing Address Principal Place of Business 6709 1ST AVE. SOUTH 6709 1ST AVE. SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 593 Not Applicable \$8.75 Additional Country Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, KAREN L Street Address (P.O. Box Number is Not Acceptable) 6709 1ST AVE. SOUTH ST. PETERSBURG FL 33707 Zip Code City 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE TITLE JOHNSON, KAREN L NAME NAME 6709 1ST AVE. SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33707 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

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

7-2-02 (727)347-3711

FILED



## KAREN JOHNSON BROOKS HEARING AIDS

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

**Brooks Hearing Aids**