

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90434 031 ***158.75

DOCUMENT # **P01000029079** ✓

1. Entity Name

Suncoast Hearing Aid Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

836 Pinebrook Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Venice FL

City & State

4. FEI Number

65-1130778

Applied For

Not Applicable

Zip
34292

Country
USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Christy L. Rankin

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

836 Pinebrook Plaza

City

Venice

FL

Zip Code

34292

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

Christy L. Rankin

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
**President
Christy L. Rankin
836 Pinebrook Plaza
Venice FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
Douglas W. Rankin
836 Pinebrook Plaza
Venice FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

4-26-02 (941) 488-8892

CR2E034B (12/01)