

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90223 009 ***150.00

DOCUMENT # P01000058495

1. Entity Name
SCHUETTE HEARING AIDS, INC.



Principal Place of Business
12300 PARK BLVD. #220
SEMINOLE FL 33772

Mailing Address
12300 PARK BLVD. #220
SEMINOLE FL 33772



2. Principal Place of Business

2585 COUNTRY SIDE BLVD.
Suite, Apt. #, etc.
109

3. Mailing Address

2585 COUNTRY SIDE BLVD.
Suite, Apt. #, etc.
109

☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL.

City & State
CLEARWATER, FL.

4. FEI Number **59-3463971**

Applied For
Not Applicable

Zip **33761** **Country** **PINELLAS**

Zip **33761** **Country** **PINELLAS**

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

6. Name and Address of Current Registered Agent

SCHUETTE, CRAIG L
12300 PARK BLVD. #220
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name **CRAIG L. SCHUETTE**
Street Address (P.O. Box Number is Not Acceptable) **2585 COUNTRY SIDE BLVD. #109**
City **CLEARWATER** **FL** **Zip Code** **33761**

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 *Craig L. Schuette* **CRAIG L. SCHUETTE**

1-8-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **SCHUETTE, CRAIG L**
STREET ADDRESS **12300 PARK BLVD #220 2585 COUNTRY SIDE BLVD. #109**
CITY-ST-ZIP **SEMINOLE FL 33772 CLEARWATER, FL. 33761**

TITLE **SEC. / TRES.** ☐ **Delete**
NAME **KAREN S. ZANKA**
STREET ADDRESS **1100 16TH ST.**
CITY-ST-ZIP **PALM HARBOR, FL. 34683**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE *Craig L. Schuette* **CRAIG L. SCHUETTE** **1-8-03** **642-6004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)