FILED

Apr 22, 2002 8:00 am Secretary of State
04-22-2002 90302 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P01000059921

DOCUMENT # 1. Entity Name

EMERALD HEARING, INC.

Principal Pla	ce of Business	Mailing Address						
12 RACETRACK ROAD NW		12 RACETRACK ROAD NW						
FT WALTON BEACH FL 32547		FT WALTON BEACH FL 32547						
				İ	# PRO 1400 1 111 FOLDE (1814 BOLL) FOLLE &	ONE ROIDE ON	(8 40) 10,110	60 0 01 11 0 1 1 38 1
6 6 1 1 1	Div. (D.)							
2. Principal Place of Business		3. Mailing Address			I (BBIIGHT SII BBIGT SIBIL GOTH GALLS O	OIN OTIEN SH		15001 1101 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			FEI Number 59 -347603			pplied For
Zip	Country	Zip	Country			•	8.75 Ad	ot Applicable
			a dama y	5. Ceri	tificate of Status Desired		ee Require	
-	6. Name and Address of Current R	egistered Agent		7. Nan	ne and Address of New Reg	stered Ag	ent	
DDU L OL	- j		Name					9
PRILL, GL		Street Address (P.O		ss (P.O. Box	Number is Not Acceptable)			
	TRACK ROAD NW							
FI WALI	ON BEACH FL 32547			7. 7				
			City			FL	Zip Coo	de
8. The above	e named entity submits this statement for	the purpose of changing its req	gistered office or regis	stered agent	, or both, in the State of Florid	a.		
			-	-				{
SIGNATURE								
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	agistered Agent signature requ	uired when reinsta	ating)	DATE		
	oration is eligible to satisfy its Intangible	FILE NOW!!!	EEE 10 61E0 00	ŀ				
				1	10. Election Campaign Finance	cina	\$5.0	10 May Ba
	requirement and elects to do so.	After May 1, 2002	Fee will be \$550.0	U	 Election Campaign Finance Trust Fund Contribution. 	cing		00 May Be d to Fees
(See crite	requirement and elects to do so.	After May 1, 2002 Make Check Payable	Fee will be \$550.0 to Department of \$	State	Trust Fund Contribution.	_	Adde	d to Fees
	requirement and elects to do so.	After May 1, 2002 Make Check Payable IRECTORS	Fee will be \$550.0	State		RS AND D	Adde	d to Fees
(See crite	requirement and elects to do so. ria on back) OFFICERS AND D PRILL, GLENN	After May 1, 2002 Make Check Payable	Fee will be \$550.0 to Department of \$	State	Trust Fund Contribution.	RS AND D	Adde	d to Fees
(See crite 11. TITLE NAME STREET ADDRESS	requirement and elects to do so. oria on back) OFFICERS AND D PRILL, GLENN 308 KENTUCKY AVE	After May 1, 2002 Make Check Payable IRECTORS	Fee will be \$550.0 to Department of \$ 12. TITLE NAME STREET ADDRESS	State	Trust Fund Contribution.	RS AND D	Adde	d to Fees
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	requirement and elects to do so. ria on back) OFFICERS AND D PRILL, GLENN 308 KENTUCKY AVE LYNN HAVEN FL 32444	After May 1, 2002 Make Check Payable IRECTORS Delete	Fee will be \$550.0 to Department of \$ 12. TITLE NAME	State	Trust Fund Contribution.	RS AND D	Adde	d to Fees
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	requirement and elects to do so. ria on back) OFFICERS AND D PRILL, GLENN 308 KENTUCKY AVE LYNN HAVEN FL 32444 D	After May 1, 2002 Make Check Payable IRECTORS	Fee will be \$550.0 to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State	Trust Fund Contribution.	RS AND C	Adde	d to Fees
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	requirement and elects to do so. ria on back) OFFICERS AND D PRILL, GLENN 308 KENTUCKY AVE LYNN HAVEN FL 32444 D PRILL, LISA	After May 1, 2002 Make Check Payable IRECTORS Delete	Fee will be \$550.0 to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	State	Trust Fund Contribution.	RS AND C	Adder	d to Fees IS IN 11 Addition
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	requirement and elects to do so. ria on back) OFFICERS AND D PRILL, GLENN 308 KENTUCKY AVE LYNN HAVEN FL 32444 D PRILL, LISA 308 KENTUCKY AVE	After May 1, 2002 Make Check Payable IRECTORS Delete	Fee will be \$550.0 to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State	Trust Fund Contribution.	RS AND C	Adder	d to Fees IS IN 11 Addition
(See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	requirement and elects to do so. ria on back) OFFICERS AND D PRILL, GLENN 308 KENTUCKY AVE LYNN HAVEN FL 32444 D PRILL, LISA	After May 1, 2002 Make Check Payable IRECTORS Delete Delete	Fee will be \$550.0 to Department of \$ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	State	Trust Fund Contribution.	RS AND E	Adder	d to Fees IS IN 11 Addition Addition
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE: