

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91519 042 ***150.00

DOCUMENT # P01000098046

1. Entity Name
HEAR 4 U, INC.

Principal Place of Business
3300 BONITA BEACH RD., APT. 106
BONITA SPRINGS FL 34134

Mailing Address
3300 BONITA BEACH RD., APT. 106
BONITA SPRINGS FL 34134

2. Principal Place of Business

3347 TAMiami TRAIL W

Suite, Apt. #, etc.

3. Mailing Address

3347 TAMiami TRAIL

Suite, Apt. #, etc.

N

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34103-4165

Country

Zip

34103-4165

Country

4. FEI Number

36-4472837

Applied For

☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELVIN, LONNIE**3300 BONITA BEACH RD., APT. 106****BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PVTD** ☐ Delete
 NAME **MELVIN, LONNIE**
 STREET ADDRESS **3300 BONITA BEACH RD., APT. 106**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **SD** ☐ Delete
 NAME **MELVIN, TINA**
 STREET ADDRESS **3300 BONITA BEACH RD., APT. 106**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3347 TAMiami TRAIL N**
 CITY-ST-ZIP **NAPLES FL 34103-4165**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3347 TAMiami TRAIL N**
 CITY-ST-ZIP **NAPLES FL 34103-4165**

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

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

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

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 like empowered.

SIGNATURE:

Lonnie Melvin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #

CH2E034 (9/01)