

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90287 019 ***150.00

DOCUMENT # P01000114385

1. Entity Name
HEAR AND KNOW, INC.



Principal Place of Business
**4302 HEBRIDES COURT
BRADENTON FL 34210**

Mailing Address
**4302 HEBRIDES COURT
BRADENTON FL 34210**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
12 King moody ROAD
Suite, Apt. #, etc.

3. Mailing Address
12 King moody ROAD
Suite, Apt. #, etc.

City & State
HARPSWELL, MAINE
Zip
04079-0264 Country
USA

City & State
HARPSWELL, MAINE
Zip
04079-0264 Country
USA

4. FEI Number
65-1156981

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**REMICK, PAGE M
4302 HEBRIDES COURT
BRADENTON FL 34210**

7. Name and Address of New Registered Agent

Name
Anne C. Latsko, CPA
Street Address (P.O. Box Number is Not Acceptable)
7523 Westmound Drive
City
Sarasota FL Zip Code
34243

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 **Anne C. Latsko CPA. Anne C. Latsko (Accountant)** 2/8/03
Signature, typed or printed name of registered agent and title if applicable. (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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 like empowered.

SIGNATURE: **X Page Remick** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(201) 833-6056

CR2E034 (10/02)