

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90132 013 \*\*\*150.00

**DOCUMENT # P02000062532**

**1. Entity Name**  
**GIBSON'S HEARING TECHNOLOGIES II, INC.**



**Principal Place of Business**  
**6202 N. LOCKWOOD RIDGE ROAD**  
**SARASOTA FL 34243**

**Mailing Address**  
**2344 BEE RIDGE ROAD**  
**UNIT 101**  
**SARASOTA FL 34239**

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**6202 N. LOCKWOOD RIDGE ROAD**  
Suite, Apt. #, etc.

**City & State**  
**SARASOTA, FL**

**4. FEI Number**  
**010712087**

**Zip**  
**34243**

**Country**  
**SARASOTA**

☐ CHECK HERE IF MAKING CHANGES



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

**6. Name and Address of Current Registered Agent**  
**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD CONKLIN, CRAIG J 6202 N. LOCKWOOD RIDGE ROAD SARASOTA FL 34243</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GIBSON, DOUGLAS J 6202 N. LOCKWOOD RIDGE ROAD SARASOTA FL 34243</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/03** **941 360 2034**  
Date Daytime Phone #

CR2E034 (10/02)