

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-10-2003 90109 039 ***550.00

DOCUMENT # P02000082449

1. Entity Name
HOMECARE HEARING AIDS, INC.



Principal Place of Business
**38 BETHESDA PARK CIRCLE
BOYNTON BEACH FL 33435**

Mailing Address
**P O BOX 386
BOYNTON BEACH FL 33425**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0634432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RONCACE, MATTHEW CPA
22A BEDFORD COURT
ROYAL PALM BEACH FL 33411**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **D** ☐ Delete
NAME **COMERFORD, JAMES W**
STREET ADDRESS **38 BETHESDA PARK CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** ☐ Delete
NAME **COMERFORD, ANITA**
STREET ADDRESS **38 BETHESDA PARK CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

361-733-6771
Daytime Phone #

CR2E034 (4/03)

Attachment
90141312
PO2000082449

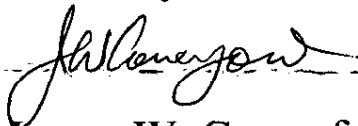
July 7, 2003

To Whom It May Concern,

I have enclosed a check for \$550. I did not receive the first notice and would request that I not have to pay the \$400 penalty that I have enclosed. This is my first year in business and was not aware of what to look for. I respectfully request that this be considered as my business just paid start up expenses last year and this year will also be slow as I am using word of mouth advertising, instead of other marketing ventures.

Thank you for your consideration of this matter.

Sincerely,



James W. Comerford, M.S., FAAA
Audiologist