

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90318 039 ***150.00

00754001 AV

DOCUMENT # P02000082920

1. Entity Name
HEAR PRO MARKETING, INC.



Principal Place of Business
**243 LAKE RIDGE COURT
WINTER SPRINGS FL 32708**

Mailing Address
**243 LAKE RIDGE COURT
WINTER SPRINGS FL 32708**



2. Principal Place of Business

2701 CLEVELAND AVE

3. Mailing Address

2701 CLEVELAND AVE

Suite, Apt. #, etc.

Suite "D"

Suite, Apt. #, etc.

Suite "D"

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33901

Country

USA

Zip

33901

Country

USA

4. FEI Number

52-2372579

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MICHAEL
243 LAKE RIDGE COURT
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name **MICHAEL JOHNSON**

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

5233 RED CEDAR DR #17

City

FT. MYERS

FL

Zip Code

33907

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]

4-27-03

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

TITLE **PD** ☐ Delete
NAME **JOHNSON, MICHAEL**
STREET ADDRESS **243 LAKE RIDGE COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **ST** ☐ Delete
NAME **JOHNSON, MARK**
STREET ADDRESS **243 LAKE RIDGE COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5233 RED CEDAR DR #17**
CITY-ST-ZIP **FT. MYERS, FL 33907**

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

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

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

President

4-27-03 239-461-9321

Date

Daytime Phone #

CR2E034 (10/02)