

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90004 050 ***150.00

DOCUMENT # **PD2000103974**

1. Entity Name **Listening Ears Inc.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201. 39th St. So.

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 11903

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
St. Pete., FL

4. FEI Number
54.2075859

Applied For
Not Applicable

Zip
33711

Country
Pinellas

Zip
33733

Country
Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SPIGGEL + Lopera, PA**

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

1840 SW 22 St. (4th Floor)

City **Miami**

FL

Zip Code
33145

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President (CEO)
YVONNE KING
P.O. Box 11903
St. Pete., FL 33733**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice-President
TINA KING
3246 20th Ave S.
St. Petersburg, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31/05

Date

Daytime Phone #

CR2E034B (12/02)