

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22142

1. Entity Name

ELFERS HEARING INC.

**FILED**  
May 15, 2002 8:00 am  
Secretary of State

05-15-2002 90107 030 \*\*\*150.00

Principal Place of Business

6125 SR 54  
NEW PORT RICHEY FL 34653  
US

Mailing Address

1250 RANCH RD.  
TARPON SPRINGS FL 34689-8702  
US

2. Principal Place of Business

3. Mailing Address

6125 SR 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHEY FL

Zip

Country

Zip

Country

34653

US

4. FEI Number

59-2942749

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IPPOLITO, DAVID J

1850 RANCH ROAD

TARPON SPR FL 34689

Name

IPPOLITO, DAVID J

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

6125 SR 54

City

NEW PORT RICHEY FL

Zip Code

34653

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
PVS  
IPPOLITO, DAVID J.  
STREET ADDRESS 1250 RANCH ROAD  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE NAME ☒ Change ☐ Addition  
PRES  
DAVID J. IPPOLITO  
STREET ADDRESS 6125 SR 54  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE NAME ☒ Delete  
TD  
IPPOLITO, DAVID J.  
STREET ADDRESS 1250 RANCH ROAD  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE NAME ☒ Change ☐ Addition  
VICE PRES  
PATRICIA S IPPOLITO  
STREET ADDRESS 6125 SR 54  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 7278490113

CR2E034 (9/01)