

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058826

1. Entity Name
LEONARDI HEARING CENTER INC.

Principal Place of Business
16251 CLEVELAND AVE. NORTH
SUITE 8
FORT MYERS FL 33903

Mailing Address
16251 CLEVELAND AVE. NORTH
SUITE 8
FORT MYERS FL 33903

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0515143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTLEY, WILLIAM L III
16251 CLEVELAND AVENUE
SUITE 8
NORTH FORT MYERS FL 33903

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.

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

TITLE-NAME	PT HUNTLEY, WILLIAM L III	<input type="checkbox"/> Delete
STREET ADDRESS	2158 CAPE WAY	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE-NAME	DVP HUNTLEY, LORI S.	<input type="checkbox"/> Delete
STREET ADDRESS	2158 CAPE WAY	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *William L. Huntley III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William L. Huntley III

Date

Daytime Phone #

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90079 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)