2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054982

1. Entity Name

AURICLE CONSULTING, INC.

Principal Place of Business	Mailing Address
HEARING WORLD 4406 S FLA AVE #27 LAKELAND FL 33813 US	8030 SHARON DRIVE TAMPA FL 33617-7614

907043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business _HEARING WORLD_	3. Mailing Address	
Suite, Apt. #, etc. _3536 S. FLA AVE_	Suite, Apt. #, etc.	
City & State _LAKELAND, FLORIDA_	City & State	4. FEI Number 59-3325446 — Applied For / Not Applicable
Zip _33803_ Country	Zip Country	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**

	Name
STEPHENS, DONALD L 8030 SHARON DRIVE TAMPA FL 33617	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 _Donald L. Stephens, President_   DATE _1/18/00_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 **D** NAME STEPHENS, DONALD L STREET ADDRESS 8030 SHARON DRIVE CITY-ST-ZIP TAMPA FL 33617		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ___SIGNATURE REQUIRED___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #