## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 11, 2000 8:00 am Secretary of State DOCUMENT # **P96000000205** 1. Entity Name HEARING MASTERS, INC. 04-11-2000 90228 009 \*\*\*150.00 Principal Place of Business Mailing Address Changed 800 LOMAX STREET **800 LOMAX STREET** JACKSONVILLE FL 32204 JACKSONVILLE FL 32250-2079 2. Principal Place of Business BEACH BLUD, DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3320151 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name DAVIS. JOHN D SR Street Address (P.O. Box Number is Not Acceptable) 8362 103RD STREET JACKSONVILLE FL 32210 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Delete TITLE TERESA MOORE NAME MOORE, TERESA NAME 5666 SYLVAN GLEN PUN STREET ADDRESS STREET ADDRESS 605 15TH AVE. S. CITY-S1-ZIP City-St-78 JACKSONVILLE BEACH FL 32250 **VPD** Change ☐ Addition TITLE TITLE MOORE, MADELINE J NAME NAME 8607 HAVERHILL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX FL ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition William Labori ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

OE SIGNING OF