## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Apr 21, 2003 8:00 am Secretary of State				
DOCUMENT # P9600000205  1. Entity Name							<b>Secretary of State</b> 04-21-2003 91197 008 ***150.00			
HEARING	MASTERS,	INC.								
Principal Place of Business 14444 BEACH BLVD STE 303 JACKSONVILLE FL 32250 US 2. Principal Place of Business			Mailing Address 14444 BEACH BLVD STE 303 JACKSONVILLE FL 32250 US							
2. Principal i	Place of Business	3.	. Mailing Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18111 BB111 BB111 BB11B 1181	1 <b>34</b> 161 5111 1 <b>4</b> 51	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Numb	<sup>59-3320151</sup>		Applied For Not Applicable	
Zip Country		ountry	Zip Cou		у	5. Cértificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent				
DAVIS, JOHN D SR 8362 103RD STREET				-	Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32210										
					City FL Zip Code					
	e named entity sub tions of registered	omits this statement for the agent.	purpose of changing its	registered	office or register	ed agent, or be	oth, in the State of Florid	fa. I am familiar with	n, and accept	
SIGNATURE										
	<del> </del>	nted name of registered agent and title	e if applicable. (NOTI	E: Registered /	Agent signature required	when reinstating)		DATE	· · · · · · · ·	
Afte		EE IS \$150.00 ee will be \$550.00 orida Department of Sta	ite				lection Campaign Finan rust Fund Contribution.		00 May Be ed to Fees	
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS		PD Moore, Teresa 5666 sylvan gifn run		TITLE NAME STREET	ADDRESS			☐ Change	Addition	
CITY-ST-ZIP	ORANGE PARK FL 32073				T-ZIP				,	
TITLE NAME STREET ADDRESS			☐ Delete		ADDRESS	چيندند د د د پاچاند	ska — — k — k	☐ Change		
CITY=ST-ZIP	SALE CONTRACTOR		□ Delete	CITY-S TITLE	T-ZIP			Change	Addition	
TITLE NAME			□ Delete	NAME				Griange		
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS T-7IP					
TITLE	☐ Delete		TITLE				☐ Change	Addition		
NAME	s		NAME							
STREET ADDRESS CITY-ST-ZIP	_			CITY-S	ADDRESS T-ZIP		***			
TITLE			☐ Delete	TITLE			· ·	☐ Change	Addition	
NAME STREET ADDRESS				NAME STREET	ADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE	1		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	1			NAME STREET	ADDRESS		•			
CITY-ST-ZIP	1			CITY-S						

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 Block 11 if

changed, or on an attachment with an address, with all other like empowered. SIGNATURE: