

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90068 038 ***150.00

0001430 AV

DOCUMENT # P98000048338

1. Entity Name
HEARING SOLUTIONS, INC.



Principal Place of Business
127 N W DESOTO ST
LAKE CITY FL 32055

Mailing Address
RT. 8, BOX 32524
LAKE CITY FL 32055



2. Principal Place of Business
183 N.W. Veterans St.

3. Mailing Address
Same as above

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lake City FL

City & State

4. FEI Number
59-3513471

Applied For
Not Applicable

Zip Country
32055 USA

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

FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Name
Debra K. Griffin

Street Address (P.O. Box Number is Not Acceptable)
RT-8 Box 32524

City
Lake City FL Zip Code
32055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Debra K. Griffin*
Signature, typed or printed name of registered agent, and title if applicable.

Debra K. Griffin - President

1/3/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, DEBRA K RT. 8, BOX 32524 LAKE CITY FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, CYNTHIA E RT. 8, BOX 32524 LAKE CITY FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Debra K. Griffin* **Debra K. Griffin, President** **1/3/03** **386-758-3222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)