

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90160 013 \*\*\*150.00

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**DOCUMENT # G25506**

1. Entity Name

**EUSTIS SPEECH AND LANGUAGE CENTER, INC.**



Principal Place of Business

~~4840 N. HWY 19A~~ **17521 US Hwy 441**  
**MT. DORA FL 32757 Suite 6**  
**US**

Mailing Address

**P.O. BOX 606**  
**EUSTIS FL 32727-0606**  
**US**

2. Principal Place of Business

**17521 US Hwy 441**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 6**

City & State

**Mount Dora FL**

4. FEI Number

**59-2262914**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HALE, CATHY P.**  
**4840 N. HWY 19A**  
**MT. DORA FL 32757**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**17521 US Hwy 441**  
**Suite 6**

City

**Mount Dora**

FL

Zip Code

**32727**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PTD** ☐ Delete  
NAME **HALE, CATHY P**  
STREET ADDRESS **35450 HIGHLAND DR**  
CITY-ST-ZIP **EUSTIS, FL 00000 32736**

TITLE **VS** ☐ Delete  
NAME **HALE, MARTY M**  
STREET ADDRESS **35450 HIGHLAND DR.**  
CITY-ST-ZIP **EUSTIS, FL 00000 32736**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Cathy P. Hale*  
**REQUIRE CATHY P. HALE**

Date

Daytime Phone #

**4-16-03 352-385-1944**

CR2E034 (10/02)