

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098900

1. Entity Name

THE SPEECH THERAPY CLOSET INC

DO NOT WRITE IN THIS SPACE

94031545

2. Principal Place of Business  
3441 INDIAN CREEK BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

Zip  
32259

City & State

Zip

Country

4. FEI Number  
59-3676679

Applied For  
Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
HAISLIP, GEORGE D.

Street Address (P.O. Box Number is Not Acceptable)  
3441 INDIAN CREEK BOULEVARD

City  
JACKSONVILLE

FL Zip Code  
32259-2142

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

11.

TITLE D  
NAME HAISLIP, GEORGE D.  
STREET ADDRESS 3441 INDIAN CREEK BOULEVARD  
CITY-ST-ZIP JACKSONVILLE, FL 32259-2142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HAISLIP, CHRISTINA L.  
STREET ADDRESS 7670 HILLSDALE HARBOR CT  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  
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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  GEORGE D. HAISLIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

Date

Daytime Phone #