

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90029 006 ***150.00

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32259	Country	Zip	Country
4. FEI Number 59-3676679		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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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	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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAISLIP, GEORGE D. 3441 INDIAN CREEK BOULEVARD JACKSONVILLE, FL 32259-2142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAISLIP, CHRISTINA L. 7670 HILLSDALE HARBOR CT JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: George D. Haislip GEORGE D. HAISLIP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/04