

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

FILED ATX1
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000098900	
1. Entity Name	
THE SPEECH THERAPY CLOSET INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 450-106 SR 13 NORTH #135		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 <input type="checkbox"/> 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) 5213 BASCO COURT	
City ELKTON	FL Zip Code 32033

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAISLIP, GEORGE D.
STREET ADDRESS	5213 BASCO COURT
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	D
NAME	HAISLIP, CHRISTINA L.
STREET ADDRESS	450-106 SR 13 NORTH #135
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
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11.

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CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

904 233-4552
Daytime Phone #