

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90066 019 \*\*\*150.00

**DOCUMENT # P01000022048**

1. Entity Name  
**EASTSIDE SPEECH PATHOLOGY, INC.**

Principal Place of Business  
**3101 PORT ROYALE BLVD., #926**  
**FT. LAUDERDALE FL 33308**

Mailing Address  
**3101 PORT ROYALE BLVD., #926**  
**FT. LAUDERDALE FL 33308**

000482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8079 W. Oakland Park Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8079 W. Oakland Park Blvd**  
 Suite, Apt. #, etc.

City & State  
**Sunrise, FL**

City & State  
**Sunrise, FL**

4. FEI Number  
**EIN 105-1069796**

Applied For  
 Not Applicable

Zip  
**33351**

Country  
**USA**

Zip  
**33351**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**SCHNEIDER, JEFFREY A MST**  
**4944 N. UNIVERSITY DR.**  
**LAUDERHILL FL 33351-5748**

**7. Name and Address of New Registered Agent**

Name **Lynnette Granger**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8079 W. Oakland Park Blvd**  
**Sunrise, FL 33351**  
 City **FL** Zip Code **33351**

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.

SIGNATURE *Lynnette Granger* **Lynnette Granger**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-27-02**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lynnette Granger 1981 N.W. 33 Court Ft. Lauderdale, FL 33309	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. 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
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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lynnette Granger* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-02**  
 Date

**954-938-2500**  
 Daytime Phone #

CR2E034 (9/01)