

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053815

1. Entity Name

A SPEECH, HEARING & STRESS CLINIC, INC.

**FILED**  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90029 007 \*\*\*150.00

Principal Place of Business 3851 62ND AVE A PINELLAS PARK FL 33781 US	Mailing Address 3851 62ND AVE N A PINELLAS PARK FL 33781-6053 US
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2. Principal Place of Business 6260 39th St N Suite, Apt. #, etc. Su J	3. Mailing Address 6260 39th St N Suite, Apt. #, etc. Su J
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City & State Pinellas Park FL	City & State Pinellas Park FL
Zip 33781	Zip 33781
Country Pinellas	Country Pinellas

4. FEI Number 59-3323352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELBY, RONALD J.  
3851 62ND AVE N #A  
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name  
Shelby, Ronald J  
Street Address (P.O. Box Number is Not Acceptable)  
6260 39th St N., Su J  
City  
Pinellas Park FL Zip Code  
33781

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 Helen Gail Reed DATE 4-28-00

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELBY, RONALD J 3851 62ND AVE N #A PINELLAS PARK FL 33781	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shelby Ronald J 6260 39th St N., Su J Pinellas Park FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REED, H. GAIL 4235 57TH AVENUE N ST. PETERSBURG FL 33714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Helen Gail Reed DATE 4-28-00 727 525 1480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (9/99)