

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90119 045 \*\*\*150.00

**DOCUMENT # P98000033273**



1. Entity Name  
**BAYSIDE SPEECH & REHABILITATION SERVICES, INC.**

Principal Place of Business  
**1070 62ND AVE. S.  
ST. PETERSBURG FL 33705**

Mailing Address  
**1070 62ND AVE. S.  
ST. PETERSBURG FL 33705**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3515447**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCCAFFREY, JOHN~~  
~~8910 N DALE MABRY STE #7~~  
~~TAMPA FL 33614~~

Name **LUDLOW, PATRICIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**316 1ST AVE S.**  
City **TIERRA VERDE** FL **33715**

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 **PATRICIA LUDLOW**  
Signature, typed or printed name of registered agent and title if applicable.

**Patricia Ludlow**  
(NOTE: Registered Agent signature required when reinstating)

**2/3/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LUDLOW, PATRICIA**  
STREET ADDRESS **316 1ST AVE. S.**  
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia Ludlow**

**2/3/03 727 864 6800**  
Date Daytime Phone #

CR2E034 (10/02)