

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064880

1. Entity Name

SPEECHARE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90137 029 ***150.00

Principal Place of Business

1034
 780 JENKS AVE
 PANAMA CITY FL 32401

Mailing Address

1034
 780 JENKS AVE
 PANAMA CITY FL 32401-2437

2. Principal Place of Business

1034 Jenks Avenue

3. Mailing Address

1034 Jenks Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City, FL

Zip

32401

Country

Bay

Zip

32401

Country

Bay

4. FEI Number

59-3582817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEWIS, MARILYN B
 8623 N LAGOON DR D-2
 PANAMA CITY BEACH FL 32408

800 FLORIDA AVE
 PANAMA CITY FL
 32401

7. Name and Address of New Registered Agent

Name MARILYN B. Lewis - Pres

Street Address (P.O. Box Number is Not Acceptable)

800 FLORIDA AVE

City PANAMA CITY FL Zip Code 32401

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 *Marilyn B. Lewis*

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

MARILYN B. Lewis, Pres 4/27/00

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, 2000 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 D ☐ Delete
 NAME LEWIS, MARILYN B
 STREET ADDRESS 8623 N LAGOON DR D-2
 CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE D ☐ Delete
 NAME LEWIS, ALBERT M III
 STREET ADDRESS 8623 N LAGOON DR D-2
 CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE D ☐ Delete
 NAME BAILEY, EARL E
 STREET ADDRESS 799 WOOD AVE
 CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ Delete
 NAME BAILEY, DORIS F
 STREET ADDRESS 799 WOOD AVE
 CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME MARILYN LEWIS
 STREET ADDRESS 800 FLORIDA AVE
 CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE ☒ Change ☐ Addition
 NAME ALBERT LEWIS
 STREET ADDRESS 800 FLORIDA AVE
 CITY-ST-ZIP PANAMA CITY, FL 32401

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)