

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90008 038 \*\*\*550.00

**DOCUMENT # P99000075105**

1. Entity Name

**COMMUNICATION THERAPY ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

4849 N.W. 20TH PLACE  
 COCONUT CREEK FL 33063

4849 N.W. 20TH PLACE  
 COCONUT CREEK FL 33063

2. Principal Place of Business

4788 Abadan St.

3. Mailing Address

4788 Abadan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port FL

City & State

North Port FL

4. FEI Number

65-0943896

Applied For

Not Applicable

Zip

Country

34287 US

Zip

Country

34287 US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, TIFFANY L  
 4849 N.W. 20TH PLACE  
 COCONUT CREEK FL 33063

Name

Teresa Kim Yarish

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

4788 Abadan Street

City

North Port FL

FL

Zip Code

34287

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

*Teresa Kim Yarish*

7/13/01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COOK, TIFFANY L	
STREET ADDRESS	4349 NW 20 PLACE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YARISH, TERESA	
STREET ADDRESS	4788 ABADAN	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	P	<input type="checkbox"/> Delete
NAME	YARISH, TERESA	
STREET ADDRESS	4788 Abadan St	
CITY-ST-ZIP	North Port, FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

*Teresa Kim Yarish*

7/13/01

941 321-5332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0127017

CR2E034 (10/00)