

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90059 044 \*\*\*150.00

**DOCUMENT # P01000086812**

1. Entity Name  
**LABLITE, INC.**

Principal Place of Business

**205 N MISSOURI  
 CLEARWATER FL 33755**

Mailing Address

**205 N MISSOURI  
 CLEARWATER FL 33755**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**205 N. MISSOURI**

3. Mailing Address

**611 DRUID ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 403**

City & State

**CLEARWATER, FL**

City & State

**CLEARWATER, FL**

4. FEI Number

**59-3741067**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33755**

**33756**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GREENBERG, MARTIN  
 1318 NELSON AVE  
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name

**KATHLEEN LETTAU**

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

**610 PERFECTLY BALANCED BOOKS, INC**

**611 DRUID ROAD - SUITE 403**

City

**CLEARWATER**

FL

Zip Code

**33756**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-20-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002, Fee will be \$750.00  
 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          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>BALDACCINI, MARCELLO</b> |                                 |
| STREET ADDRESS | <b>204 N MISSOURI</b>       |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33755</b>  |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| 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:

**SIGNATURE: [Signature]**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
873207

Perfectly  
BALANCED  
BOOKS



Complete Accounting Services

18 September 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: P 01000086812 - Lablite, Inc.

Dear Sir or Madam:

Lablite, Inc. just hired Perfectly Balanced Books, Inc. in August to investigate the Uniform Business Report Form and what to do about it. Their previous accountant's wife passed away and then he moved to California. As a result the owner of Lablite did not receive the original Uniform Business Report.

All documents went to their previous CPA and they had to specifically ask for their mail. As soon as they "finally" received the Uniform Business Report they immediately sent the form and the enclosed check.

It is respectfully requested that the penalty for late filing be abated due to the fact that my client did not receive the original document. Any consideration you may give regarding the waiver will be greatly appreciated.

Please respond in writing to:

Perfectly Balanced Books, Inc.  
611 Druid Road East - Suite 403  
Clearwater, FL 33756

You may make inquiries at: 727-445-9707. Thank you in advance for your assistance and consideration.

Very truly yours,

Kathleen E. Lettau  
CEO

Attachment

873207



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 13, 2002

LABLITE, INC.  
611 DRUID ROAD  
SUITE 403  
CLEARWATER, FL 33756

SUBJECT: LABLITE, INC.  
Ref. Number: P01000086812

We have received your document for LABLITE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is due to non-receipt of the original uniform business report (UBR). A letter stating non-receipt will need to accompany the completed UBR.

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 702A00052548