

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90212 003 ***150.00

DOCUMENT # P01000028953

1. Entity Name

PERFECTLY BALANCED BOOKS, INC.



Principal Place of Business
**133 GARDEN AVENUE NORTH
CLEARWATER FL 33755**

Mailing Address
**133 GARDEN AVENUE NORTH
CLEARWATER FL 33755**

2. Principal Place of Business

**Perfectly Balanced Books Inc
611 Druid Rd E - Ste 403
Clearwater FL 33756-3935**

3. Mailing Address

**Perfectly Balanced Books Inc
611 Druid Rd E - Ste 403
Clearwater FL 33756-3935**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2304506**

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

**LETTAU, KATHLEEN E
133 GARDEN AVE. N.
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name **LETTAU, KATHLEEN**
Street Address (P.O. Box Number is Not Acceptable)
**611 DRUID RD, EAST
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

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 **PSTD** ☐ Delete
NAME **LETTAU, KATHLEEN E**
STREET ADDRESS **133 GARDEN AVENUE NORTH**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **LETTAU, KATHLEEN E.**
STREET ADDRESS **611 DRUID RD, EAST SUITE 403**
CITY-ST-ZIP **CLEARWATER FL-33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)