

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90004 045 \*\*\*150.00

**DOCUMENT # P97000037115**

1. Entity Name  
**RCTLAB INC.**

Principal Place of Business

**11605 PERKLE ROAD -  
 LAKELAND FL 33809**

Mailing Address

**11605 PERKLE ROAD  
 LAKELAND FL 33809**

2. Principal Place of Business

**N/A**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**N/A**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3464567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, PRESTON A  
 11605 PERKLE ROAD  
 LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name

**N/A**

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

City

**FL**

Zip Code

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
 NAME **ROSS, PRESTON A**  
 STREET ADDRESS **11605 PERKLE ROAD**  
 CITY-ST-ZIP **LAKELAND FL 33809**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**PRESTON ALLARD ROSS 8/31/02 (863) 815-9678**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
Dr. # 097000037115

To: Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

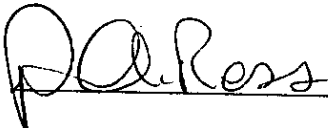
From: RCTLAB Inc.  
c/o Preston A. Ross  
11605 Perkle Rd.  
Lakeland, Fl. 33809-1059

Dear Sir / Ma'am:

The attached 2002 UBR application attached was the first application received this year.  
~~I have been instructed by the Office of Corporations to forward \$150.00 with this~~  
application and download the application in the future if not received by Mar 01.

FEI No. 59-3464567

Sincerely,



Preston A. Ross