

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 8:00 am**
Secretary of State

04-21-2000 90014 022 ***150.00

DOCUMENT # P98000037710

1. Entity Name

LABELLE LASER SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1158 BELDEN LANE GULF BREEZE FL 32561 US	Mailing Address 1158 BELDEN LANE GULF BREEZE FL 32561-8019 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3523307

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

7. Name and Address of New Registered Agent

**LABELLE, JOHN
1158 BELDEN LANE
GULF BREEZE FL 32561**

Name

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.

SIGNATURE

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

PRESIDENT/DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

4/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LABELLE, JOHN 1158 BELDEN LANE GULF BREEZE FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAVAGE, CATHY 1158 BELDEN LANE GULF BREEZE FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LABELLE, TERRY 934 OVERTON STREET AKRON OH 44319	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

JOHN P. LABELLE**4/15/00**

Date

850-916-0842

Daytime Phone #