

# 2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # 754676

1. Entity Name

LIFE EXTENSION SOCIETY, INC.

FILED

02 AUG 13 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 995 SW 24 ST FT. LAUDERDALE FL 33315	Mailing Address 995 SW 24 ST FT. LAUDERDALE FL 33315
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2. Principal Place of Business 1100 West Commercial Blvd. Suite, Apt. #, etc.	3. Mailing Address 1100 W. Commercial Blvd. Suite, Apt. #, etc.
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	4. FEI Number 59-2036151	Applied For Not Applicable
Zip 33309	Country	Zip 33309	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SINGER, BERNARD A ESQ.  
4925-A SHERIDAN STREET  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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: *Gregory Strom*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KENT, SAUL 995 SW 24 ST FT. LAUDERDALE FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EYCHISON, TINA 995 SW 24 ST FT. LAUDERDALE FL 33315	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STROM, GREG 995 SW 24 ST FT. LAUDERDALE FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	05/07/02 90116017 \$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Gregory Strom*

2072

**Life Extension Society  
1100 West Commercial Boulevard  
Ft. Lauderdale, FL 33309**

August 9, 2002

Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

While talking with a representative from the Division of Corporations, I was told the Uniform Business Report for Life Extension Society (Doc# 754746) was incomplete. I have never received a letter from the Division of Corporations stating this. I am re-submitting my Uniform Business Report and request that any late fees or penalties associated with Life Extension Society be waived. My original payment of \$61.25 has been cashed by the Department of State. Thank you for your attention to this matter.

Sincerely,

  
Sean Darnelly