

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004333

FILED
Sep 02, 2003
Secretary of State

Entity Name: LIFE RENEWAL, INC.

Current Principal Place of Business:

2843 SWEETHOLLY DR
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

2843 SWEETHOLLY DR
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3746887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANOVEN, MICHELE
2843 SWEETHOLLY DR
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,MD () Delete
Name: VANOVEN, MICHELE
Address: 2843 SWEETHOLLY DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: AQUIAR, DANA
Address: 9 JAMES STREET
City-St-Zip: POUGHKEEPSIE, NY 12603

Title: T () Delete
Name: THOMPSON, CHRISTINE
Address: 1961 FORESTER CREEK RD
City-St-Zip: EL CAJON, CA 92021

Title: T () Delete
Name: SHARP, STEVE
Address: 29 CONNELLY DR
City-St-Zip: STAATSBURG, NY 12580

Title: T () Delete
Name: BROOKS, CHRIS
Address: 281 BELL BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: VANOVEN, RAYMOND N
Address: 2843 SWEETHOLLY DR
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE VANOVEN

D,MD

09/02/2003

Electronic Signature of Signing Officer or Director

Date