

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90103 020 \*\*\*\*61.25

**DOCUMENT # 760485**

1. Entity Name

**LIFE FORCES RESEARCH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2468 N. OCEAN SHORE BLVD  
 BEVERLY BCH FL FL 32136  
 US

2468 OCEAN SHORE BLVD  
 BEVERLY BEACH FL 32136  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Palm Coast FL**

Zip

Country

Zip

Country

**32137**

**US**

4. FEI Number

**59-2186330**

Applied For

Not Applicable

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

**SOLOMON, LINDA REV.**  
**2468 N OCEAN BLVD**  
**BEVERLY BEACH FL 32136**

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. 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

**After September 13, 2002,**  
**min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME SOLOMON, LINDA REV.  
 STREET ADDRESS 2468 N OCEANSHORE BLVD  
 CITY-ST-ZIP BEVERLY BEACH FL 32136

TITLE PD ☒ Change ☐ Addition  
 NAME Rev Linda Solomon  
 STREET ADDRESS 34 Zann Trail  
 CITY-ST-ZIP Palm Coast, FL 32164

TITLE D ☐ Delete  
 NAME SHORE, STUART  
 STREET ADDRESS 26466 SHADY OAK  
 CITY-ST-ZIP MONROE OR

TITLE D ☒ Change ☐ Addition  
 NAME Stuart Shore  
 STREET ADDRESS 948 SE Pine St  
 CITY-ST-ZIP Roseburg OR 97470

TITLE D ☒ Delete  
 NAME SOLOMON, LINDA  
 STREET ADDRESS 7 JACKSON STREET  
 CITY-ST-ZIP GLEN COVE NY

TITLE D ☐ Change ☒ Addition  
 NAME Marshall Stern  
 STREET ADDRESS 17 Cardiff Ct  
 CITY-ST-ZIP Huntington Station NY 11746

TITLE D ☐ Delete  
 NAME SHORE, FRANK  
 STREET ADDRESS 94 COLECHESTER LANE  
 CITY-ST-ZIP PALM COAST FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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:

**SIGNATURE REQUIRED** *Linda Solomon*

**7/27/02**

**386 586 5896**

CR2E037 (4/02)