

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90119 007 ***150.00

DOCUMENT # F02000002007

1. Entity Name
THERMO LIFE ENGERY CORP.



Principal Place of Business
**400 ROYAL PALM WAY, STE. 410
PALM BEACH FL 33480**

Mailing Address
**400 ROYAL PALM WAY, STE. 410
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1633224**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ARTIGLIERE, JEROME C
218 ROYAL PALM WAY, STE. 201
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **Kay E. Langford**
Street Address (P.O. Box Number is Not Acceptable) **400 Royal Palm Way**
Suite 410
City **Palm Beach** FL Zip Code **33480**

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 *Kay E. Langford*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SULLIVAN, RICHARD J | |
| STREET ADDRESS | 400 ROYAL PALM WAY, STE. 410 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SILVERMAN, SCOTT | |
| STREET ADDRESS | 400 ROYAL PALM WAY, STE. 410 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | FRIEDLAND, RICHARD S | |
| STREET ADDRESS | 72 JESSE CT. | |
| CITY-ST-ZIP | MONTVILLE NJ 07045 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NOTERMAN, ARTHUR F | |
| STREET ADDRESS | 400 ROYAL PALM WAY, STE. 410 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ZHOU, PETER Y | |
| STREET ADDRESS | 1451 RESEARCH PARK DR. | |
| CITY-ST-ZIP | RIVERSIDE CA 92507 | |
| TITLE | VT | <input checked="" type="checkbox"/> Delete |
| NAME | ARTIGLIERE, JEROME C | |
| STREET ADDRESS | 218 ROYAL PALM WAY, STE. 201 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gray, Gary | |
| STREET ADDRESS | 400 Royal Palm Way, Ste 410 | |
| CITY-ST-ZIP | Palm Beach, FL 33480 | |
| TITLE | D, CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Silverman, Scott | |
| STREET ADDRESS | 400 Royal Palm Way, Ste 410 | |
| CITY-ST-ZIP | Palm Beach, FL 33480 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | McLaughlin, Kevin | |
| STREET ADDRESS | 400 Royal Palm Way, Ste 410 | |
| CITY-ST-ZIP | Palm Beach, FL 33480 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S, T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | McKeown, Evan | |
| STREET ADDRESS | 400 Royal Palm Way, Suite 410 | |
| CITY-ST-ZIP | Palm Beach, FL 33480 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 empowerment.

SIGNATURE:

Kevin McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin McLaughlin

4-29-03 561-805-8006
Date Daytime Phone #

CR2E034 (10/02)