

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90711 021 ****61.25

DOCUMENT # N01000005720

1. Entity Name

ETA MEDICAL RESEARCH, INC.

Principal Place of Business

**1208 NORTH MARINE WAY #603
 NORTH PALM BEACH FL 33408**

Mailing Address

**1208 NORTH MARINE WAY #603
 NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

POB 2753

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33480

USA

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

**ROSS, THOMAS H
 1208 NORTH MARINE WAY #603
 NORTH PALM BEACH FL 33408**

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.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT DIRECTOR** ☐ Delete
 NAME **THOMAS ROSS**
 STREET ADDRESS **1208 N. MARINE WAY #603**
 CITY-ST-ZIP **N. PALM BEACH FL 33408**

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

TITLE **D** ☐ Delete
 NAME **JAYSON KEONE NAKAMURA**
 STREET ADDRESS **1401 VILLAGE BLVD. #614**
 CITY-ST-ZIP **W. PALM BEACH, FL 33409**

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

TITLE **D** ☐ Delete
 NAME **FREDRICK CRAWFORD**
 STREET ADDRESS **1139 TOWNCENTER DR #15**
 CITY-ST-ZIP **JUPITER, FL 33458**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

THOMAS H. ROSS

APRIL 29, 2002 561 624 4031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)