

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90018 045 ***150.00

DOCUMENT # P00000043943

1. Entity Name
RESEARCH IRB, INC.

Principal Place of Business
1897 PALM BEACH LAKES BLVD.,STE.117
WEST PALM BEACH FL 33409

Mailing Address
1897 PALM BEACH LAKES BLVD.,STE.117
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
931 Village Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 905-402

City & State

City & State
West Palm Beach

4. FEI Number **65-1002792**

Applied For
☐ Not Applicable

Zip Country

Zip Country
33409 USA

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

6. Name and Address of Current Registered Agent

JASSENOFF, DAVID
1897 PALM BEACH LAKES BLVD.,STE.117
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name **David Scott**
 Street Address (P.O. Box Number is Not Acceptable)
931 Village Blvd
Suite 905-402
 City **West Palm Beach** **FL** Zip Code **33409**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **JASSENOFF, DAVID**
 STREET ADDRESS **1897 PALM BEACH LAKES BLVD.,STE.117**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Scott, David**
 STREET ADDRESS **931 Village Blvd**
 CITY-ST-ZIP **Suite 905-402 West Palm Beach, FL 33409**

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

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

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)