

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90061 017 \*\*\*150.00

**DOCUMENT # P00000072418**

1. Entity Name

**LIFEFORCE SOLUTIONS CORPORATION**

Principal Place of Business

Mailing Address

368 MCARTHUR CIRCLE  
 COCOA FL 32927

368 MCARTHUR CIRCLE  
 COCOA FL 32927

2. Principal Place of Business

368 MCARTHUR

Suite, Apt. #, etc.

City & State  
 COCOA, FL

Zip  
 32927

Country

USA

3. Mailing Address

P.O. BOX 540937

Suite, Apt. #, etc.

City & State  
 Merritt Island, FL

Zip  
 32954

Country

USA



DO NOT WRITE IN THIS SPACE

FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GRAMLY, KARENA L  
 368 MCARTHUR CIRCLE  
 COCOA FL 32927

7. Name and Address of New Registered Agent

Name **SAME**

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

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, 2001 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	<input type="checkbox"/> Delete
NAME	GRAMLY, KARENA L	
STREET ADDRESS	368 MCARTHUR CIRCLE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAMLY, KENNETH B	
STREET ADDRESS	368 MCARTHUR CIRCLE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA DAWN TATE	
STREET ADDRESS	4708 GANDY RD	
CITY-ST-ZIP	MIMS, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	WILLIAM D. TOMBLIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CFO	
STREET ADDRESS	325 INDIAN RIVER AVE	
CITY-ST-ZIP	TITUSVILLE FL 32794	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

*KARENA L. GRAMLY*  
 KARENA L. GRAMLY

*4/25/2001*  
 Date  
*(320) 6323188*  
 Daytime Phone #

CR2E034 (10/00)

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