

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088541

1. Entity Name  
BIOKINETIC RESONANCE, INC.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**  
05-01-2003 90394 019 \*\*\*150.00

0241450 AV

Principal Place of Business  
5533 LAGORCE DR  
HOUSE  
MIAMI BEACH FL 33140

Mailing Address  
5533 LAGORCE DR  
HOUSE  
MIAMI BEACH FL 33140



2. Principal Place of Business  
2626 SW 29 CT  
Suite, Apt. #, etc.

3. Mailing Address  
2626 SW 29 CT  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Miami FLA

City & State  
Miami FLA

4. FEI Number APPLIED FOR  
Applied For  
Not Applicable

Zip  
33133

Zip  
33133

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

COURTACCESS CENTERS OF AMERICA, INC.  
3249 W. CYPRESS STREET, SUITE C  
TAMPA FL 33607

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEOD, TY 5533 LAGORCE DR MIAMI FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEMENT, RICHARD T 2977 MCFARLANE ROAD MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCKLEY, JOE 1300 CORAL WAY, SUITE 307 MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: Sydney McLeod 4/25/03 786-223-6363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)