

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**  
 04-14-2001 90016 028 \*\*\*158.75

0316635

DOCUMENT # P97000075124

1. Entity Name

LIFE FORCE RESEARCH, INC.

Principal Place of Business

408 COMMERCE WAY  
 #4  
 JUPITER FL 33458

Mailing Address

408 COMMERCE WAY  
 #4  
 JUPITER FL 33458

2. Principal Place of Business

231 Suwannee

3. Mailing Address

PO Box 2535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33458

Country

USA

Zip

33468-2535

Country

4. FEI Number

65-0777813

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

R.M. Martina  
 PMB 345

6230 W. Indiantown Rd., Suite 7  
 Jupiter, FL 33458-4618

7. Name and Address of New Registered Agent

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

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

☒ Delete  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D WALSTIJN VAN, PATRICIA  
 408 COMMERCE WAY #4  
 JUPITER FL 33458

☐ Delete  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 CEO MARTINA, RM  
 PMB 345  
 6230 W. Indiantown Rd., Suite 7  
 Jupiter, FL 33458-4618

☐ Delete  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

☐ Change ☐ Addition  
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 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/01 561744802

CR2E034 (10/00)