

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90220 001 ***150.00

0128594 AV

DOCUMENT # P02000004881



1. Entity Name
ALCOHOL DETOX PHARMA, INC.

Principal Place of Business
**1170 HWY A1A
SATELLITE BEACH FL 32937**

Mailing Address
**1170 HWY A1A
SATELLITE BEACH FL 32937**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0531329

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**MCCABE, RAPHAELA
1170 HWY A1A
SATELLITE BEACH FL 32937**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D MCCABE, RAPHAELA 128 WINDWARD WAY INDIAN HARBOUR BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSCO, ANTHONY JR 812 BRINY AVE., APT. 8A POMPANO BEACH FL 33062	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *Raphaela McCabe* **SECRETARY** *ALCOHOL DETOX PHARMA, INC.* **5/13/03** **321-777-7344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E094 (10/02)

**ALCOHOL DETOX
PHARMA, INC.**

A. D. Pharma, Inc.
1170 Highway A1A,
Satellite Beach, Florida 32937

Phone: 321-777-7344
FAX: 321-777-7434
e-mail: Notox4u@aol.com

Attachment
80119789

Tuesday, May 13, 2003

Florida Department of State
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Document No. PO2000004881 FEI No. 02-0531329

Dear Sir or Madam:

Please accept my apologies for sending my payment for the above referenced Document in late. Today I called the 850 phone number and was informed to send a letter of explanation, along with the check for \$150.00 and the filled out form to prevent the penalty for lateness fee.

I have been going through Chemotherapy since February of 2003, and unfortunately, along with my own well being, my corporation has been affected. I am only starting to get back to work now and realized that this Uniform Business Report was not paid. Again, my apologies and I thank you for canceling the penalties for the tardiness.

Thank you in advance for your help and cooperation in this matter.

Best Regards,



Raphaella McCabe, Executive Vice President
Alcohol Detox Pharma, Inc.
1170 Highway A1A
Satellite Beach, Florida 32937
321-777-7344 PH
321-777-7434 FAX