

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001112

1. Entity Name
HELVETIA PHARMACEUTICALS, INC.

Principal Place of Business
3200 UNIVERSITY DRIVE, SUITE 210
CORAL SPRINGS FL 33065

Mailing Address
3200 UNIVERSITY DRIVE, SUITE 210
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1082026

Applied For
Not Applicable

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

CORPORATION SERVICE COMPANY
3201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
LAURENCE M. DEAN

Street Address (P.O. Box Number is Not Acceptable)
3200 UNIVERSITY DRIVE

SUITE 210

City
CORAL SPRINGS

FL

Zip Code
33065

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 *Laurence M. Dean*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-7-02

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 PD
NAME BACHYNSKY, ASHTON
STREET ADDRESS 3200 UNIVERSITY DRIVE, SUITE 210
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE SCFO
NAME DEAN, LAURENCE
STREET ADDRESS 3200 UNIVERSITY DRIVE, SUITE 210
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE D
NAME SHOMAKER, GERALD
STREET ADDRESS 3200 UNIVERSITY DRIVE, SUITE 210
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Laurence M. Dean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90033 005 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2034 (9/01)