

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005915

1. Entity Name

RELIABLE BIOPHARMACEUTICAL CORPORATION

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91480 034 ***150.00

Principal Place of Business

2262 HARBOUR COURT DR.
LONGBOAT FL 34228

Mailing Address

2262 HARBOUR COURT DR.
LONGBOAT FL 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-0959520

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ASH, FREDDA
2262 HARBOUR COURT DRIVE
LONGBOAT KEY FL 34228

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, 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 ☐ Delete
NAME P
STREET ADDRESS TOCE, JOSEPH A
CITY-ST-ZIP 104 WEST JACKSON
WEBSTER GROVES MO

TITLE ☐ Delete
NAME V
STREET ADDRESS MATTENSON, CURT S
CITY-ST-ZIP 1490 BURNING TREE
FLORISSANT MO

TITLE ☐ Delete
NAME S
STREET ADDRESS ASH, FREDDA
CITY-ST-ZIP 2262 HARBOUR COURT DR.
LONGBOAT KEY FL

TITLE ☐ Delete
NAME CD
STREET ADDRESS ASH, WILLIAM G
CITY-ST-ZIP 2262 HARBOUR COURT DR.
LONGBOAT KEY FL

TITLE ☐ Delete
NAME T
STREET ADDRESS BURSTADT, KATHLEEN A
CITY-ST-ZIP 105 PLEASANT RIDGE DRIVE
EDWARDSVILLE IL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathleen A. Burstadt 4/18/02 314-429-7700

CR2E034 (9/01)