

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90149 030 \*\*\*150.00

0190837 AV

**DOCUMENT # F24090**

1. Entity Name  
**STELLAR PHARMACAL CORP.**



Principal Place of Business  
1990 N.W. 44TH STREET  
POMPANO BCH FL 33064-5712

Mailing Address  
1990 N.W. 44TH STREET  
POMPANO BCH FL 33064-5712

2. Principal Place of Business  
**1990 NW 44th STREET**

3. Mailing Address  
**200 EAST LAS OLAS BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**19th FLOOR**

City & State  
**POMPANO BEACH FL 33064-5712**

City & State  
**FT LAUDERDALE FL 33301**

4. FEI Number **59-2078477**

Applied For

Not Applicable

Zip  
**33064-5712**

Country  
**USA**

Zip  
**33301**

Country  
**USA**

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

**DAVIDSON, SCOTT L.**  
**20011 NE 22ND COURT**  
**N. MIAMI FL 33180**

Name  
**COLEMAN, WILLIAM T ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**200 EAST LAS OLAS BLVD, 19TH FLOOR**  
**FT LAUDERDALE 33301**  
City  
**FT LAUDERDALE** **FL** Zip Code  
**33301**

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 **PD** ☒ Delete  
NAME **DAVIDSON, SCOTT L**  
STREET ADDRESS **20011 NE 22ND COURT**  
CITY-ST-ZIP **NORTH MIAMI FL 33180**

TITLE **PD** ☒ Change ☐ Addition  
NAME **FINLEY, GERARD M**  
STREET ADDRESS **234 LOMBARD STREET**  
CITY-ST-ZIP **PHILADELPHIA PA 19147**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **FINLEY, MELANIE**  
STREET ADDRESS **1990 NW 44TH STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

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: **GERARD M. FINLEY, PRESIDENT** **REQUIRED**

**4-26-03**

**954-972-6060**

Date

Daytime Phone #

CR2E034 (10/02)