LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2005 8:00 am
Secretary of State
08-03-2005 90021 002 ****55.00

DOCUMENT # L04000008932

1. Entity Name
Drug & Biotechnology Development, LLC

DO NOT WRITE IN THIS SPACE

20066066

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
406 S Arcturus Ave	406 S. Arcturus Ave
Suite, Apt. #, etc #5	Suite, Apt. #, etc. #5
City & State Clearwater FL	City & State Clearwater FL
Zip 33765 Country USA	Zip 33765 Country USA

4. FEI Number 55-0860418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT G. BELL

Street Address (P.O. Box Number is Not Acceptable): 105 HOMEPORT DR

City: PALM HARBOR FL Zip Code: 34683

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. DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS

TITLE	MNG. MEMBER
NAME	ROBERT BELL
STREET ADDRESS	105 HOMEPORT DR
CITY-ST-ZIP	PALM HARBOR, FL. 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E080 (1/04)

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 727-480-0885

Date Daytime Phone #

ATTACHMENT

200660066

July 25, 2005

To whom it may concern;

We apologize for the delay in filing our Uniform Business Report We only just found out that it should have been sent earlier this year.

Enclosed please find the report and the check for filing.

Please feel free to contact us if you need any other information.

Thank you,

Maria Ball

707-741-4356