

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15601

1. Entity Name

SOLVAY PHARMACEUTICALS, INC.

FILED

May 21, 2001 8:00 am  
Secretary of State

05-21-2001 90358 049 \*\*\*550.00

Principal Place of Business

Mailing Address

901 SAWYER ROAD  
MARIETTA GA 30062

901 SAWYER ROAD  
MARIETTA GA 30062-2224

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 58-0939171

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA STREET  
TALLAHASSEE FL 32301

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SADLER, WHITSON  
STREET ADDRESS 3333 RICHMOND AVE.  
CITY-ST-ZIP HOUSTON TX

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

TITLE P ☒ Delete  
NAME DODD, DAVID A  
STREET ADDRESS 901 SAWYER RD  
CITY-ST-ZIP MARIETTA GA 30062

TITLE P ☐ Change ☒ Addition  
NAME Harold H. Sklewn  
STREET ADDRESS 901 Sawyer Rd  
CITY-ST-ZIP Marietta, Ga 30062

TITLE VD ☒ Delete  
NAME BARON DANIEL JANSSEN  
STREET ADDRESS 33 RUE DU PRINCE ALBERT  
CITY-ST-ZIP 1050 BRUSSELS BELGIUM

TITLE D ☐ Change ☒ Addition  
NAME Phillip M. Whelan  
STREET ADDRESS 3333 Richmond Avenue  
CITY-ST-ZIP Houston, Tx 77098

TITLE VP ☐ Delete  
NAME SOLHEIM ROBERT  
STREET ADDRESS 901 SAWYER RD.  
CITY-ST-ZIP MARIETTA GA

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

TITLE VD ☐ Delete  
NAME JURGEN, ERNEST  
STREET ADDRESS 33 RUE DU PRINCE ALBERT  
CITY-ST-ZIP 1050 BRUSSELS BELGIUM

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

TITLE VPS ☒ Delete  
NAME LINTON, JEFFREY  
STREET ADDRESS 901 SAWYER RD  
CITY-ST-ZIP MARIETTA GA 30062

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 #

5-3-01

770/578-9000



**SOLVAY  
PHARMACEUTICALS**

Attachment  
845220

# P15601

3 May, 2001

Florida Department of Revenue  
5050 W. Tennessee St., Building K  
Tallahassee, Florida 32399-0125

**RE: Solvay Pharmaceuticals, Inc.**  
**Certificate No.: 78-09-074097-80**

Dear Sir/Madam:

Enclosed, please find the following form(s) for the tax year ending December 31, 2001:

_____	Income Tax Return
_____	Franchise Tax Return
<u>X</u>	Annual Report
_____	Property Tax Rendition / Payment
_____	Estimated Tax Payment
_____	Extension Request / Payment
_____	Sales / Use Tax Return
_____	Other _____

along with a check for the balance due in the amount of \$550.00.

Should you have further questions regarding this or any other matter, please feel free to contact me at either the address below or by phone at (770)578-9000.

Very truly yours,

Kay D. Holden  
Tax Specialist

Enclosures