2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000082103** 1. Entity Name BEACHSIDE PHARMACEUTICALS, INC.

FILED Apr 26, 2001 8:00 am Secretary of State 04-26-2001 90078 029 ***150.00

Principal Plac	ce of Business		Mailing A	ddress								
510 DOUGLAS AVE STE 1001-29 ALTAMONTE SPGS FL 32714 US			STE 1001-2	510 DOUGLAS AVE STE 1001-29 ALTAMONTE SPGS FL 32719				 	1 2101 0 1111 0011f 0	-	18118 1881 11911 	1122 111 1 21 1
2. Principal F	Place of Busines	SS S	3. Mailing	Address								
Suite, Apt. #, etc. City & State			Suite, A	Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE				
			City & S				4.	FEI Number	59-34473	347		pplied For lot Applicable
Zip		Country	Zip		Countr	у	5.	Certificate of	Status Desire	d 🗆	\$8.75 Ac	Iditional
	C. Nama an	- d Add t O						Name and A	Ideana of Nov	Booletores	· · · · · · · · · · · · · · · · · · ·	
		nd Address of Curre	nt Hegistered A	Agent		Name	7. 1	vame and Ad	dress of Nev	w Registered	адепт	
		va.	night committee of the			Name,	;	- · . · -	• • • •	بديند المسجاء ب		
BOETCHER, RANDY P						Street Addres	ss (P.O. F	Box Number i	Not Accepts	able)		
	FAIRWAY DR.				1	Jugot Addition						
LON	GWOOD FL 3	2779			ľ							
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						City				FI	Zip Cod	de
	· · · · · · · · · · · · · · · · · · ·	ubmits this statement										
SIGNATURE	3	SZ =	\Rightarrow									
	Signature, typed or	anned name eme tore to age	ont and title it apphoab	ie. (NOTE	: Registered	Agent signature requ	uired when re	einstating)		DATE		
			on and line is applicab	 		<u> </u>	uired when re	einstating)		DATE		
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e empowered to executate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the state of the proposer of the pr of the corporation or the receiver or tr changed or en an attachment with a