

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90109 036 \*\*\*150.00

**DOCUMENT # P99000108683**

1. Entity Name  
**M.B.A. PHARMACEUTICALS, INC.**

*R*

Principal Place of Business      Mailing Address  
**4408 EXCHANGE AVENUE**      **4408 EXCHANGE AVENUE**  
**SUITE 119**      **SUITE 119**  
**NAPLES FL 34104**      **NAPLES FL 34104**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State



4. FEI Number **59-3617197**      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**

**DELLECAVE, JOHN C**  
**4408 EXCHANGE AVENUE**  
**SUITE 119**  
**NAPLES FL 34104**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELLECAVE, JOHN C</b> <b>4408 EXCHANGE AVENUE, SUITE 119</b> <b>NAPLES FL 34104</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONWELL, THOMAS J</b> <b>3050 N. HOEESHOE DR., SUITE 100</b> <b>NAPLES FL 34104-7908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John C. Delcave* **FILED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/00*      *941-435-7211*  
 Date      Daytime Phone #

CR2E034 (9/99)