

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90299 003 \*\*\*150.00

**DOCUMENT # P98000107546**

1. Entity Name  
**FJK-TEE JAY, INC.**

Principal Place of Business <b>240 ROYAL PALM WAY          PALM BEACH FL 33480          US</b>	Mailing Address <b>240 ROYAL PALM WAY          PALM BEACH FL 33480          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>230 Royal Palm Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>401 (PO BOX 3243)</b>
City & State	City & State <b>PALM BEACH FL</b>
Zip	Zip <b>33480</b>
Country	Country <b>US</b>

4. FEI Number <b>65-0885584</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**KEITEL, III, FREDERICK J  
 240 ROYAL PALM WAY  
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Numbers Not Permitted)  
**230 Royal Palm Way Ste 401**  
**PO BOX 3243**  
 City  
**PALM BEACH FL** Zip Code  
**33480**

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 *Frederick J Keitel III Pres.* DATE 4/19/01  
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 (\$150.00)**  
 After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KEITEL, III, FREDERICK J 240 ROYAL PALM WAY PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD D'AGOSTINO, THOMAS C/O KAUFMAN & CANOLES, P.O. BOX 3037 NORFOLK VA 23514	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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 *Frederick J Keitel III Pres. Frederick J Keitel* DATE 4/19/01 561 310 6864  
Signature and typed or printed name of signing officer or director Daytime Phone #

0420132

CR2E034 (10/00)