

330 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 16, 2000 8:00 am  
Secretary of State  
05-16-2000 90802 001 \*\*\*750.00

DOCUMENT # J52734  
1. Entity Name  
M & J MARINA DEVELOPMENT CORP.

Principal Place of Business Mailing Address  
147 DELTA DR. 147 DELTA DR.  
PITTSBURGH PA 15238 PITTSBURGH PA 15238-2805

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 25-1542365 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MCCLURE, WILLIAM C  
500 FIFTH AVE S  
STE 509  
NAPLES FL 34102

7. Name and Address of New Registered Agent  
Name ROBERT W. MCCLURE  
Street Address (P.O. Box Number is Not Acceptable) 25040 GOLDCREST DRIVE  
City BONITA SPRINGS FL Zip Code 33923

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] 2-28-00  
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLIGATTI, JAMES A.		NAME		
STREET ADDRESS	147 DELTA DRIVE.		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLIGATTI, MICHAEL J.		NAME		
STREET ADDRESS	147 DELTA DRIVE.		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBERT, DANIEL E.		NAME		
STREET ADDRESS	147 DELTA DRIVE.		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 3/8/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DANIEL E. HUBERT, TREASURER  
Date Daytime Phone #