2002 UNIFORM BUSINESS REPORT (UBR) 05-20-2002 90157 001 \*\*\* 450.00 **DOCUMENT #** J52734 1. Entity Name © M & J. MARINA DEVELOPMENT CORP. 02 JUN 19 PH 1:17 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 147 DELTA DR 147 DELTA DR. PITTSBURGH PA 15238 PITTSBURGH PA 15238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 25-1542365 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCLURE, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 500 FIFTH AVE S STE 509 NAPLES FL 34102 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE Delete TITLE (9/01)■ Addition NAME ~ DELLIGATTIJAMES A. NAME STREET ADDRESS 147 DELTA DRIVE. STREET ADDRESS XR2E034 CITY-ST-7/P PITTSBURGH PA CITY-ST-7IP TITLE VD Delete TITLE ☐ Change ☐ Addition NAME DELLIGATTI, MICHAEL J. NAME STREET ADDRESS 147 DELTA DRIVE. STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME HUBERT, DANIEL E. NAME STREET ADDRESS 147 DELTA DRIVE. STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA CITY-ST-ZIP TITLE ☐ Delete MUE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 chapter 607, Florida Statutes. SIGNATURE: