

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91357 013 \*\*\*\*\*61.25

0038854

**DOCUMENT # N96000003336**

1. Entity Name

**ESTERO BAY MARINE LABORATORY, INC.**

Principal Place of Business

**718 FISHERMAN'S WHARF  
 FORT MYERS BEACH FL 33931**

Mailing Address

**931 CREIGHTON DRIVE  
 FORT MYERS FL 33919  
 US**

2. Principal Place of Business

**931 CREIGHTON DR.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**FORT MYERS, FL**

City & State

Zip

**33919**

Country

**US**

Country

4. FEI Number

**65-0679085**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEE, THOMAS J  
 931 CREIGHTON DR  
 FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

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

*Thomas J Lee*

**05-11-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **LEE, THOMAS J**  
 STREET ADDRESS **718 FISHERMAN'S WHARF**  
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **VD** ☐ Delete  
 NAME **MITCHELL-TAPPING, HUGH J PH. D.**  
 STREET ADDRESS **718 FISHERMAN'S WHARF**  
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **STD** ☒ Delete  
 NAME **UPTON, DAVID S**  
 STREET ADDRESS **718 FISHERMAN'S WHARF**  
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **STD** ☐ Delete  
 NAME **WILLIAMS, CATHY R**  
 STREET ADDRESS **718 FISHERMAN'S WHARF**  
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **LEE, THOMAS J.** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **931 CREIGHTON DR.**  
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **VD MITCHELL-TAPPING, HUGH J** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **931 CREIGHTON DR.**  
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **STD THOMAS J. LEE** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **931 CREIGHTON DR.**  
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **GOODACE-LEE, CATHY R.**  
 STREET ADDRESS **931 CREIGHTON DR.**  
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas J Lee*

**05-11-01**

**941-481-8139**

CR2E037 (10/00)