

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0046904

**DOCUMENT # N96000003336**

1. Entity Name

**ESTERO BAY MARINE LABORATORY, INC.**

04-15-2002 90011 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

931 CREIGHTON DR  
 FORT MYERS FL 33919

931 CREIGHTON DRIVE  
 FORT MYERS FL 33919  
 US

2. Principal Place of Business

3. Mailing Address

**13910 EAGLE RIDGE LAKES**

**13910 EAGLE RIDGE LAKES**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**202**

**#202**

City & State

City & State

**FORT MYERS FL**

**FORT MYERS FL**

Zip

Country

Zip

Country

**33912**

**USA-LEE**

**33912**

**LEE**



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

Name

**HUGH J MITCHELL-TAPPING PH.D.**

Street Address (P.O. Box Number is Not Acceptable)

**13910 EAGLE RIDGE LAKES**

**#202**

City

**FORT MYERS**

**FL**

Zip Code

**33912**

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

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]*

**H. J. MITCHELL-TAPPING**

**04-04-2002**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEE, THOMAS J	
STREET ADDRESS	931 CREIGHTON DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MITCHELL-TAPPING, HUGH J PH. D.	
STREET ADDRESS	931 CREIGHTON DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LEE, THOMAS J	
STREET ADDRESS	931 CREIGHTON DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GOODACRE-LEE, CATHY R	
STREET ADDRESS	931 CREIGHTON DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGH J. MITCHELL-TAPPING	
STREET ADDRESS	13910 EAGLE RIDGE LAKES #202	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13910 EAGLE RIDGE LAKES #202	
STREET ADDRESS	FORT MYERS FL 33912	
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS WINTER	
STREET ADDRESS	13910 EAGLE RIDGE LAKES #202	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH P. WALLON	
STREET ADDRESS	13910 EAGLE RIDGE LAKES #202	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* **H. J. MITCHELL-TAPPING**

**4/4/2002 239-768-5274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)