DOCUMENT # [redacted] P99000108521 5/15/ ✓

FILED
Jun 09, 2000 8:00 am
Secretary of State

05-15-2000 90181 013 ***150.00

1. Entity Name

Tee Jay Marine of Collier County, Inc.

Principal Place of Business	Mailing Address
2335 Immokalee Road Suite 105 Naples, Florida 34133	2335 Immokalee Road Suite 105 Naples, Florida 34133

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2338 Immokalee Road		2338 Immokalee Road	
Suite, Apt. #, etc. 105		Suite, Apt. #, etc. 105	
City & State: Naples, FL		City & State: Naples, FL	
Zip: 34110	Country: USA	Zip: 34110	Country: USA

4. FEI Number 59-3639984 — [X] 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
Alfred J. Teti 2335 Immokalee Road Suite 105 Naples, FL 34133	Name: Alfred J. Teti Street Address (P.O. Box Number is Not Acceptable): 2338 Immokalee Road Suite 105 City: Naples FL Zip Code: 34110

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 ____________ DATE

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) [ ]

[redacted]

10. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director	[ ] Delete
NAME	Alfred J. Teti	
STREET ADDRESS	2338 Immokalee Road, Suite 105	
CITY-ST-ZIP	Naples, Florida 34110	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #