

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90122 017 \*\*\*150.00

**DOCUMENT # 323847**  
 1. Entity Name  
**MARATHON FLIGHT SCHOOL, INC.**

Principal Place of Business      Mailing Address  
~~3010 W PATRICK STREET~~      ~~3010 W PATRICK STREET~~  
 KISSIMMEE FL 34741      KISSIMMEE FLA 34741-5970



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**301 DYER BLVD.**      **301 DYER BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 102**      **SUITE 102**  
 City & State      City & State  
**KISSIMMEE, FL.**      **KISSIMMEE, FL.**  
 Zip      Country      Zip      Country  
**34741**      **USA**      **34741**      **USA**

4. FEI Number      Applied For  
**59-1201848**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
~~PRETSCH, ERNEST~~  
~~1517 COLONY AVE~~  
~~KISSIMMEE FL 34744~~

7. Name and Address of New Registered Agent  
 Name      **JEANNE P. BIRKS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**834 LONG BAY CT.**  
 City      **KISSIMMEE**      State      **FL**      Zip Code      **34741**

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 X *Jeanne P Birks*      *Jeanne P Birks*      4/20/00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRETSCH, ERNEST 1517 COLONY AVE KISSIMMEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BIRKS, ROBERT W. 834 LONG BAY CT KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIRKS, JEANNE PRETSCH 834 LONG BAY CT KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIRKS, JEANNE P 834 LONG BAY CT KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRETSCH, ERNEST 834 LONG BAY CT. KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIRKS-KILMAN, LAUREL E. 834 LONG BAY CT. KISSIMMEE, FL. 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert W Birks*      **ROBERT W. BIRKS**      4/20/2000      407 846 6128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)