

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90026 022 \*\*\*150.00

**DOCUMENT # 323847**

1. Entity Name  
**MARATHON FLIGHT SERVICES, INC.**

Principal Place of Business      Mailing Address  
**301 DYER BV**                              **301 DYER BV**  
**SUITE 102**                                    **SUITE 102**  
**KISSIMMEE FL 34741**                      **KISSIMMEE FL 34741**  
**US**    **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip    Zip    Country                                      Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**BIRKS, JEANNE P**  
**834 LONG BAY CT**  
**KISSIMMEE FL 34741**

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 \_\_\_\_\_ (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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PRETSCH, ERNEST</b> <b>834 LONG BAY CT</b> <b>KISSIMMEE FL 34741</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BIRKS, ROBERT W.</b> <b>834 LONG BAY CT</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD OF DIRECTORS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BIRKS, JEANNE PRETSCH</b> <b>834 LONG BAY CT</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President + BOARD OF DIRECTORS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BIRKS KILMAN LAUREL E</b> <b>834 LONG BAY CT</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secty - Treas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BIRKS-KILMAN, LAUREL E.</b> <b>3541 Bristlecone Ct.</b> <b>Kissimmee, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JEFFREY R. BIRKS</b> <b>1839 Kings Point Blvd.</b> <b>Kissimmee, FL 34744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Janne P Birks      Date: 3/1/01      Daytime Phone #: 407 846-6128

CR2E034 (10/00)